DOCUMENT RESUME

ED 363 778 CE 065 089

AUTHOR	Kingsley, Chris
TITLE	A Guide to Case Management for At-Risk Youth. 2nd Edition. A Technical Assistance and Training Series.
INSTITUTION	Brandeis Univ., Waltham, MA. Center for Human Resources.
SPONS AGENCY	Employment and Training Administration (DOL), Washington, D.C.
PUB DATE	93
NOTE	198p.; For the 1st edition, see ED 319 908.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Adolescents; *Agency Cooperation; At Risk Persons; *Caseworker Approach; *Caseworkers; Cooperative Planning; Coordination; Counseling Techniques; Counselor Client Relationship; Decision Making; Employment Programs; Evaluation; Federal Legislation; Federal Programs; Goal Orientation; High Schools; *Job Training; *Management Systems; Models; Motivation; Problem Solving; Services; Social Work; *Youth Programs
IDENTIFIERS	*Case Management; Job Training Partnership Act 1982

ABSTRACT

This guide provides line practitioners, managers, and policy makers with an orientation to the essentials of "client-centered" case management serving young people who require assistance from a variety of service institutions. It focuses on implementation of case management within the context of the federal Job Training Partnership Act (JTPA) and its amendments of 1992. The guide's 25 chapters are designed to help the reader do the following: define case management; analyze attitudes and behaviors that contribute to a relationship of trust and cooperation between a case manager and a young person; describe factors that must be present for a young person to be motivated to pursue his/her goals; define and handle assessment; assist young people in goal setting; help a youth solve a difficult problem; develop a service strategy; implement an individual service strategy; follow up on clients; facilitate client independence; understand the importance of formal, interinstitutional case management systems; understand the process of interagency partnership development; develop cross-institutional case management system; cope with large caseloads; define an "umbrella" outcome; meld the client outcome sought with a system vision; identify ways to involve the right individuals on the leaders' planning group; orient new players; identify interagency case management models; develop components of the new system; govern a case management system; formulate effective interagency agreements; learn the case manager's role in facilitating improvements of a community's human service system; describe case manager's skills; and evaluate case management. (YLB)

JTPA Case Management for At-Risk Youth

A Technical Assistance and Training Series

U.S. Department of Labor
Employment and Training Administration
1993

ED 363 778

CE065 079

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A GUIDE TO CASE MANAGEMENT FOR AT-RISK YOUTH

2nd Edition
Spring 1993

prepared for

HUMAN SERVICE PRACTITIONERS
AND LEADERS NEW TO THE FIELD

Center for Human Resources
Brandeis University
Heller Graduate School
Waltham, MA

ACKNOWLEDGEMENTS

The Center for Human Resources at Brandeis University is pleased to publish this *Guide to Case Management For At-Risk Youth -- Second Edition* (Spring 1993).

The principal author of the *Guide* is Chris Kingsley, Senior Trainer and Senior Research Associate.

However, we wish to thank the hundreds of practitioners and policy makers throughout the country who participated in Institutes and workshops facilitated by the Center for Human Resources. They helped us immeasurably as we shaped the ideas presented here.

Since the publication of the First Edition of the *Guide* in 1989, practitioners from more than forty states have contributed to what we know about case management. Training and plenary sessions regularly brought together city-based teams from employment and training, education, and social services in an effort to develop or improve case management practices -- at both the client level and the systems level. Thus this edication of the *Guide* borrows freely from research and from the experience of the practitioners and policy makers involved in developing and managing case management systems.

This *Guide*, one of our most popular publications, is one of several on case management, assessment and program options recently published by the Center. Other related papers include:

» *Case Management for At-Risk Youth: A Practitioner's Guide to Definitions, Management Concepts, Roles of the Case Manager, and Institutional Agreements*

» *Case Management for At-Risk Youth: A Decision Maker's Summary*

» *Case Management Trainer's "Tool Kit:" A Selection of Resources to Enhance Knowledge About Case Management Among Youth Practitioners and Policy Makers*

» *Assessment for At-Risk Youth: A Decision Maker's Summary*

» *Assessment for At-Risk Youth: A Practitioner's Guide to Definitions, Guiding Principles, and Implementation Strategies*

- *Assessment Trainer's "Tool Kit:" A Selection of Resources to Enhance Knowledge About Assessment Among Youth Practitioners and Policy Makers*
- *Defining and Assessing Basic Employability Skills: Practitioners' Views and Resources*
- *Practitioner's Guide to Program Options for Out-of-School Youth*
- *Practitioner's Guide to Program Options/Dropout Prevention Strategies for In-School Youth*
- *Snapshots: A Research-Driven Guide to Current Thinking in the Youth Employment and Training Field...For Practitioners and Leaders New to the Field*
- *Promoting the Self-Sufficiency of At-Risk Youth: A Guide to Resources for Practitioners*

The Center for Human Resources is part of the Heller Graduate School at Brandeis University. The Center is one of the nation's leading research, training, and policy development organizations in the fields of youth development, employment, and education.

The Center's mission is to improve the quality of employment and education services by combining the knowledge gained from scholarly research and practical experience in ways that will help policy makers successfully address the issues of long-term self-sufficiency for youths and adults.

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FORWARD
A GUIDE TO CASE MANAGEMENT FOR AT-RISK YOUTH
- SECOND EDITION -

Spring 1993

The *Guide to Case Management For At-Risk Youth* provides line practitioners, managers, and policy makers with an orientation to the essentials of "client-centered" case management serving young people who require assistance from a variety of human service institutions.

The *Guide* focuses on the implementation of case management within the context of the federal Job Training Partnership Act (JTPA) and its Reform Amendments of 1992. However, because case management is an interagency process, the lessons contained herein are generally applicable to other human service institutions as well. In fact, the wisdom, ideas, and approaches in the *Guide* represent a synthesis of suggestions from employment and training and **other** human service practitioners.

The *Guide* is aimed at individuals who seek basic to intermediate knowledge about case management. It is not designed to provide an in-depth, advanced course in case management for individuals who are very experienced and knowledgeable in the subject.

WHY A SECOND EDITION?

Since the publication of the original *Guide* in 1989 we have learned a great deal, and the employment and training community has further clarified the commitment to serving young people over a longer period. This Second Edition addresses issues that have come to our attention over the four years since the First Edition came into use. This Edition, therefore includes the "tried and true" aspects of the First Edition plus:

» a new chapter (4) focusing on "client motivation:"

> Motivation (or the perceived lack of it) is an issue that must be addressed if case management is to succeed.

» a new chapter (6) detailing how case managers can work effectively with participants to set realistic goals:

> Goal-setting is one of, if not the most important aspect of, case management delivery.

- a new chapter (7) delineating a "problem-solving" process:

  > Since so many participants approach case managers seeking solutions to problems, case managers may benefit from understanding an often used process through which complex problems can be solved efficiently.

- a new chapter (11) looking at the issue of participant dependence upon case managers:

  > In the zeal to serve participants well, case managers may inadvertently make young people dependent upon them. This *Guide* provides a checklist that case managers can use periodically to "self-assess" their approaches in this regard.

- a "revisit" (in significantly greater detail) to many issues tied to the development of interinstitutional case management systems -- what it takes at the management and policy levels to assure effective cross-agency case management:

  > Case management cannot succeed without top-level inter-institutional commitments behind it! The Second Edition makes this point very strongly.
  >
  > It looks at processes by which a community can create an "integrated human resource development system." Ergo, the majority of its chapters (#12 through #26) are devoted to questions that must be asked, decisions that must be made, and actions that must be taken by managers and policy makers if effective case management at the line level is to be possible.
  >
  > As part of this process, this publication investigates the question, "Who should receive case management?" Given that case manager effectiveness diminishes as case-loads increase, we look at who receives case managers' time. A new chapter (15) investigates decisions regarding "Which clients might get full-scale case management?" and which won't.

CHAPTER 1
WHAT IS CASE MANAGEMENT?

THIS CHAPTER WILL ENABLE THE READER TO:

- define what "case management" is;
- analyze why it might be an important process;
- describe how it involves activities at both the client and system levels; and
- describe case management's roles as a process for insuring "client-centered" services across agencies and as a stimulus for institutional change.

Employment and training practitioners are regularly called upon to help young people whose multiple needs earmark them for failure in our programs, in school, in the labor market, in society.

> *Hector is a 17-year-old school dropout who often lives on the streets. He moved to the United States mainland from Puerto Rico eight years ago with his parents and two sisters. He is barely literate in English or Spanish, having left school after repeating the ninth grade unsuccessfully. He has never held a steady job and has had several run-ins with the law. He has rudimentary carpentry skills. Over a four year period, he approached a number of government-funded agencies seeking employment help, but dropped out of sight before any results were attained, saying, "I'm tired of the run-around." He is alternately charming and angry, friendly and distrustful.*
>
> *Julia is fifteen years old, a high school sophomore, and several months pregnant. She has gotten along in school, but she reads at only the seventh grade level. She plans to drop out of school soon and go to work, though her only experience is as a baby-sitter. She will need help staying in school and staying healthy. She'll also require remedial education, medical and child-care, career education, and some initial work experience.*

What does an employment and training practitioner confronted by Hector and Julia do?

These young peoples' needs nearly guarantee that one program won't suffice. Neither Hector nor Julia is an unusual case. They represent only two among many examples of a growing challenge to the JTPA system: "How do we deal with young people who are faced with heavy-duty barriers?"

We know that assisting Hector and Julia will take time. Quick-fix interventions and fragmented, categorical programs will rarely result in long-term, positive outcomes.

Hector and Julia will probably require long-term, personal interventions that acknowledge the uniqueness of their individual strengths and needs, and that secure resources from a number of different institutions over time.

Regardless of where one goes across the country, there is a common theme among program operators. They say that their client populations have grown progressively harder to serve. The "at-risk" client has become the norm rather than being a limited segment of programs' client populations. Yet, as the problems presented by young people have grown in complexity, too often the services addressing them have remained fragmented and uncoordinated.

Well-designed case management efforts represent an opportunity to look at the whole person, to better organize services, to reduce fragmentation. Case management is a strategy for change.

The need to deal with multiple client problems over time and across institutions makes "case management" a strategy worth considering.

Case management is not a new concept. It has been used for decades in fields such as gerontology, social work, and mental health. However, it is relatively new in the employment-and-training field. In this field, although the term "case management" has certainly become well known, the realities of its implementation with young people may not be.

There are many definitions of "case management" and even more variations of it in operation. However, regardless of definition:

> **WELL-CONCEIVED CASE MANAGEMENT ACTIVITIES OCCUR AT BOTH THE CLIENT LEVEL AND THE SYSTEMS LEVEL.**

For the purposes of this publication, a useful client-level definition is:

> **CASE MANAGEMENT IS A CLIENT-CENTERED, GOAL-ORIENTED PROCESS FOR ASSESSING THE NEED OF A YOUNG PERSON FOR PARTICULAR SERVICES AND ASSISTING HIM/HER TO OBTAIN AND COMPLETE THOSE SERVICES.**

In other words, a case manager working within this philosophy at the client level acts as a professional partner, assisting each young person to:

- » identify and prioritize the young person's goals;
- » identify the young person's personal strengths, needs, and barriers;
- » develop a personal plan of action through which the young person will use his/her strengths and overcome barriers enroute to achieving his/her goals;
- » access, across institutions, the resources needed to pursue those goals;
- » successfully complete a personalized set of services among a variety of institutions; and
- » learn how to reduce dependency upon the case manager.

(We should note that there is an entirely different philosophy of case management -- one in which it is viewed less as a client-centered process and more as a way to control costs of services. The existence of this type of case management should be acknowledged; however, it will not be addressed in this Guide.)

Regardless of philosophy, too many case management initiatives limit themselves to the client-level activities. They neglect that fact that case management is a bi-level concept. They ignore the fact that case management also involves major activities at the leadership and institutional levels.

The institutional part of the definition is:

> **AT THE SYSTEMS LEVEL, CASE MANAGEMENT MAY BE DEFINED AS A COMMUNITY-WIDE, MULTI-INSTITUTIONAL STRATEGY FOR COORDINATING THE PROVISION OF SERVICES TO YOUNG PEOPLE WITHIN THAT COMMUNITY.**

Put more simply, if this personalized, client-centered strategy is to work, case managers can't be left alone to do their stuff.

Case managers need to be backed up by their community's human service institutions. These organizations will need to band together through formal inter-agency agreements in a way that:

- insures that services regularly needed by the system's target population are available when clients need them;

- gives case managers an institutionally-earmarked contact at each agency to deal with so that the need for duplicative, personal networking by case managers is significantly reduced;

- enables case managers to know, in advance, what they can and cannot promise to the young people they serve;

- empowers case managers to "requisition" services and resources across institutional lines; and

- revises traditional modes of operation (referral procedures, capacity, assessment methods, etc.) if those modes do not work in the best interests of the clients they purport to serve.

If institutions work together, the result will be an opportunity to look at each young person as a whole person, to better organize services, and to reduce fragmentation.

WHAT ARE THE ACTIVITIES THAT MAKE UP CLIENT-LEVEL CASE MANAGEMENT?

Case management is a strategy with high potential because its client-centered approach does not force young people to fit a "cookie-cutter," standardized system.

Yet this very "non-standardized" aspect of case management raises a key question for program planners:

> How can our community set up a "manageable" case management system if "case management" means non-standardized services?

Are there a "standard" series of case management activities? Yes, there are -- with several caveats. Successful case management initiatives do incorporate a number of **nearly** standard activities that allow client-level interventions to be orderly and structured while also being client-centered and flexible. These activities vary in priority, sequencing, time allotted, and content based upon each young person's goals and needs.

The sequence of case management activities should be quickly altered, juggled, or even abandoned if they fail to meet the unique needs of any young person they purport to serve. But taken together activities listed on the next page are common to almost every case management intervention:

- pre-screening and orienting potential case management participants;
- intaking case management participants;
- assessing case management participants;
- setting goals;
- designing an individual service strategy (a.k.a., "service plan," "employability development plan," "individual educational plan," etc);
- implementing the service strategy;
- following up on service delivery; and
- reducing the participant's dependence on case management.

Each of these component activities is discussed in greater detail in later chapters.

HOW, IN GENERAL, DO CASE MANAGERS OPERATE AT THE CLIENT-LEVEL?

Case managers don't limit their attention to one program, one funding source, or one aspect of a young person's needs. They deal with many aspects of a youth's life. In doing so, they cross institutional boundaries.

Case managers work closely with each young person, his/her family, and others to move the young person towards self-sufficiency.

Case managers look at strengths and weaknesses, personal goals, family life, peer relationships, love relationships, the world of work, and school. To do this effectively, case managers must work across agencies.

> Some case managers operate as generalists or "jacks of all trades." They act as a young person's "sole source" contact across agencies in the community. They serve as the one person the youth can deal with who will assist him/her in striking a deal with a probation officer, broker a placement in a job training program, or help the youth's destitute family to secure emergency housing. Intervening at the interface of different systems, the generalist case manager may act as interpreter and advocate, helping the youth to deal with various organizations' gate keepers. The generalist case manager must learn how other agencies work, what their programs offer, and what it takes to get young people into those programs.

On the other hand, some case managers work in teams. A case manager at one organization may ally him/herself with case managers from other organizations. A team of multi-institutional case managers (with each case manager acting as "primary case manager" for his/her own clients) can bring the strength inherent in a team approach to bear on his/her clients' cases. S/he can turn to his/her team mates to assist him/her in getting a young person into the services offered by team mates' agencies.

Whether operating as a generalist or as a team-member, a case manager may serve as a counselor, an advisor, a role model, a drill sergeant, a teacher, or a social entrepreneur. S/he may nag, cajole, prod, instruct, and encourage each young person under his/her wing. The case manager may make referrals, and monitor a young person's relationship with another agency.

But beyond mediating and representing the interests of his/her clients, a case manager also seeks to alter clients' behaviors, strengthening clients' capacities to exercise self-determination and autonomy.

Effective case management acknowledges that at-risk young people rarely fit neatly into any one institution's service strategy. Granted, some needs can be served by one institution. For example, both Hector and Julia could probably benefit from JTPA employment and training services at some point. But they may need help to determine when they should enter JTPA programs, to identify which JTPA programs best address their unique needs, and to gain access to those programs. Similarly, both Hector and Julia could use an educational intervention, but they may need help with the same set of questions. In addition, Hector may require legal assistance, and Julia may need prenatal or child care. Again, these young people may need help to decide when, where, and how each will access these resources.

Case management acknowledges that the Hectors and Julias of the world need to deal with someone who recognizes that Hector requires different services than Julia -- that each is a unique, whole person with correspondingly special, complex needs. **Hector and Julia need to work with someone who is not tied only to the mission or function of his/her particular institution**. This case manager needs to be a "**youth worker**" rather than a specialist "JTPA worker," "vocational counselor," "housing advocate," or "mental health worker."

The case manager may indeed see a JTPA program as an integral part of an effective plan for Hector or Julia, but will not assume that a JTPA intervention is even a primary need. Rather, the case manager will recognize that several other interventions may be necessary before JTPA "kicks in." The case manager will stick with Hector and Julia as they progress through services and institutions -- monitoring their performance, troubleshooting, helping them advance from one service to another, weaning them until their individual service strategy is completed and they are capable of operating independently.

WHY IS AN INTERINSTITUTIONAL SYSTEM CALLED FOR?

Hector's and Julia's needs for case management assistance stem from the fragmented nature of traditional human service delivery. It is rare to find a community that offers low-income youths a comprehensive service system.

Rather, employment and training programs, community-based organizations, schools and colleges, and other human service institutions tend to define themselves in terms of the specialized services they have chosen to provide.

Although Hector or Julia may need a coordinated set of services, and although access to one service may affect the likelihood of success in another, it is almost inevitable that they would have to independently negotiate a complex maze of institutions were a case manager not there to help. They would find that jobs, job training, and alternative education were JTPA's niche. They would discover quickly that traditional education would be that of the public schools, community colleges, and universities. Housing would be the niche of another agency. Child care would be that of another. In other words, Hector and Julia would end up dealing with programs and services that are "institution-driven" and/or "funder-driven."

Compounding the problem, institution-driven interventions may be geared to a hypothetical "average" or "typical" participant -- and Hector or Julia may not fit that mold. In the interest of efficiency, programs usually offer sets of standard components, each with a standard time constraint attached. Regardless of ability or need, both Hector and Julia will probably be expected to participate in the same components and to "complete" within the time constraint dictated. Julia, who is more advanced than Hector in some ways, may end up participating in a set of services she doesn't really need, and may become bored. Hector, who learns more slowly, may fall behind, become disillusioned, and drop out of a program that was never designed to meet his needs in the first place.

Case management addresses the mismatch between the behavior of the helping professions and the needs of the person whom those services intend to help. When implemented well, it helps coordinate interventions and makes better use of scarce resources.

Case management tailors programs and interventions to the clients themselves as opposed to more generic client needs. Hence, with case management assistance, Hector and Julia won't enter a program until they are ready. They won't enroll in a program that wasn't designed for them. They won't have to negotiate the inter-institutional maze alone.

Case management stimulates institutions to work together where, in the past, they had competed. The case manager helps the criminal justice system and the JTPA system to coordinate activities for Hector. Inter-institutional "case conferences" facilitate active communication among service providers so that "the right hand knows what the left hand is doing."

Case management also helps identify inadequate services or gaps in services, and stimulates correction of those problems.

When a pattern appears, be it unacceptable numbers of people dropping out of a service, or finding themselves unable to enroll in a service because there are inadequate slots available, case managers are often the first to find out. As such, case managers can prove a valuable resource for institutional leaders seeking to improve their community's human service system.

TEN KEY CASE MANAGEMENT CONCEPTS

Ten cross-cutting themes appear among effective case management initiatives:

1. Case management is comprehensive and "client-centered:"

Case management starts with the young person and puts his/her unique needs before institutional specializations. Case management says, "Who are **you**, where are **you** now, where do **you** want to go, and how will we work together to get you there?"

Case managers work with institutions to assure that each young person's key needs and goals are merged into a realistic service strategy. They assure that no young person will be "a square peg forced into a round hole."

2. A young person should have only one service strategy:

No young person should be case managed by more than person at a time -- unless the youth, JTPA case manager, other agency's case manager, and other human service provider(s) **mutually** agree to regularly communicate, develop a coordinated strategy, and work together to implement the mutual plan of action.

In addition, the case manager's relationship with a young person spans organizational boundaries and lasts over the long-term. This is very different from the majority of human service relationships. In traditional systems, a youth's relationship with someone at an institution usually lasts only for the duration of services provided by that institution.

In contrast, a true case manager oversees each youth's progress (or lack of it) as the youth is served by one institution, then another, and then another. The relationship spans time and institutions. The case manager becomes a steady "foundation" -- always there regardless of what else is happening or who is involved.

3. There must be a relationship of mutual respect between the youth and the case manager:

A young person will be enthusiastic about participating in the long-term activities inherent in case management only if s/he trusts and respects the case manager. The youth will need to be comfortable enough to share personal thoughts, dreams, aggravations, fears.

Effective case managers convey respect to the young people they work with, and know how to tap the motivation within them. Without the open and honest communication that stems from a relationship of mutual respect, little that a case manager does will be effective.

4. Case management requires partnership at the client level:

The case manager works in partnership with the young person sharing responsibility rather than working on the youth. There is a division, rather than a substitution, of labor. Young people share responsibility for achieving their goals, and their level of responsibility increases over time as the case manager helps them become more independent.

5. Effective case management involves the young person's family and significant others:

People close to the young person (parents, boy/girlfriend, significant others, etc.) may need to play a part in the development and joint ownership of the service strategy. Those individuals often need to have a stake in insuring its success.

In far too many cases, service strategies imposed without regard for the young person's and significant others' interests prove fruitless. In every aspect of case management, the young person must be treated as a mature, responsible partner who is not alone in the world; and there must be an acknowledgement that support of other key people is crucial if the young person is to successfully demonstrate that responsible role.

6. Case management relates the young person's actions to outcomes:

Many disadvantaged young people experience life as a series of random events over which they have little or no control. Successful case management strives to rebuild that sense of control and predictability by helping youths to plan, to set goals, and to undertake a systematic process of meeting those goals. Young people learn that they can make choices and that their actions lead directly to concrete outcomes. Good case management helps clients to find the power within themselves and to take control of their lives.

7. Case management is integrated and coordinated:

Solid case management integrates many things. It uses a youth's strengths to overcome barriers. It uses well-timed interventions at one institution to improve the effects of interventions provided by other institutions. It integrates the young person's actions with institutional actions.

The case manager facilitates this integratation of actions and services. S/he makes sure that the participant and the involved institutions are kept informed about what the others are doing. The case manager mediates between and advocates among parties to ensure that each intervention supports other interventions.

8. The case manager or system must be accountable:

For a young person to trust and respect the case manager, and for effective coordination of services to succeed, the case manager must deliver what s/he promises. Clients, case managers, and institutions must be clear about their roles and responsibilities. Tasks and associated time-lines must be written down. Ambiguity must be replaced by explicit agreements. When accountability is unclear, case management breaks down.

9. Case management involves flexibility and creative problem-solving:

A case manager who develops a service strategy with a young person recognizes that the plan of action is not carved in stone. The case managers anticipates that somehow, somewhere, the strategy may break down. Effective case management adapts, with minimal trauma, to planned and unplanned changes in a youth's personal situation and/or in the human service system. Revisions of plans are expected. Changes are expected too. Good case management is driven by an attitude reflected by the question, "How can we do this?" Flexibility and creativity replace an attitude of, "We can't do that because the system won't allow it."

10. Case management requires partnership at the systems level:

Case management is not just a line-staff function. It must be supported by a "political" system of strong inter-institutional partnerships.

There must be formal interagency agreements that give case managers the power to access services for their clients. At some level, institutions must be flexible and willing to share information, resources, and program "slots." In that context, the case manager works for all the institutions that have allied themselves in the name of "client-driven" services for the youth of the community. The case manager helps institutions recruit participants, and links participants with institutions that offer services participants need.

CHAPTER 2
HOW DO CASE MANAGERS BUILD RELATIONSHIPS WITH THEIR CLIENTS?

THIS CHAPTER WILL ENABLE THE READER TO:

» analyze attitudes and behaviors that contribute to a relationship of trust and cooperation between a case manager and a young person; and

» describe the ways that case management appointments might be structured.

WHAT ATTITUDES AND BEHAVIORS ARE KEY TO CASE MANAGER SUCCESS?

For an "at risk" youth to buy in to a long-term intervention, s/he must **respect and trust** the professional who is serving him/her. The same holds true in reverse. This relationship does not come easily or instantaneously. It is built over time, and usually requires many personal contacts and often considerable struggle.

A counselor, case manager, or other human service professional can help this relationship come about by:

» Conveying Respect: A smile and warm welcome helps. The case manager needs to ask him/herself whether s/he is dealing with a child or with a young person who has, through difficult life experiences become an "adult in child's clothing."

» Letting Business Wait: The case manager must be aware that young people are not going to tell their life stories -- especially the negative sides -- during the first half-hour of a counseling appointment. There must be considerable time allotted, usually over several contacts, before real work can get done. The case manager must, therefore, avoid the urge to jump in to the social-service issues that appear so pressing. Instead s/he must take ample time to know the youth as a person.

» Recognizing When It Is OK To Deal With "Serious Stuff:" The case manager needs to bide his/her time before moving into serious business. This demands a sense or "gut feeling" about when a young person's personal issues can be discussed in depth.

» Listening: The case manager needs to learn to keep his/her mouth shut despite the urge to interrupt while the young person talks. Given plenty of time to talk, a young person will reveal more and more important information.

- Being Non-Judgmental: Case managers must avoid the urge to immediately criticize a youth whose opinions or choices appear "wrong." A quick way to alienate a youth is to act as "one more critical adult" or to kill the youth's dreams. If a case manager is worried about a youth's decision, s/he can set up experiences through which the youth explores and can re-evaluate that decision.

- Caring: This means real caring. Regardless of his/her acting ability, a case manager who really doesn't care what happens to his/her clients will come across as a sham. Case managers need to truly care about, and believe in the potential of, the young people they serve. Individuals in case management positions who have grown too cynical or who don't really care about their clients should probably resign.

- Being Patient: Every case manager would like all of his/her clients to "see the light," be logical, and act decisively. They want youths to choose "appropriate" and "realistic" options quickly. They wish young people would be perfect -- and to become so quickly. This won't happen. Case managers must acknowledge that time -- sometimes a great deal of time -- is necessary for at-risk young people to identify needs, explore options, make decisions, and implement those decisions.

- Helping Each Youth To Identify His/Her Options: Once a youth's goals have been identified, and available resources earmarked, discussions can evolve to options. In other words, "Given where you want to go and what's available, where might we go from here? What do we have to play with?"

- Educating Youths To The Realities Of The System: Although the case manager must avoid making value judgements, s/he can play a role as educator. Upon hearing and exploring a client's goals, s/he may recognize what can or cannot be done given resources within the community's available support system. The case manager can say, "Given what you want to do, here's where the resources at our disposal can help you. Here's where they can't. What do you think?"

- Being Clear and Firm: Case managers must be clear about expectations. In the best of situations, expectations should be ambitious yet achievable. The young person should be challenged to rise to his/her potential. Case managers need to insist that clients fulfill any promises or agreements to which they have committed. If young people find their case manager to be a "pushover," they will regularly break agreements.

- Showing Integrity: Case managers must be careful not to make unrealistic promises. They must always strive to come through with what is realistic when they make promises. When they suggest that something could or will happen -- and it doesn't -- they must "own up" to mistakes quickly.

HOW MIGHT A CASE MANAGEMENT APPOINTMENT BE STRUCTURED?

Most counseling and case management appointments involve a number of generic steps:

- » greeting the participant, socializing, and helping him/her feel at ease;
- » discussing the participant's agenda for the appointment, telling him/her about the case manager's agenda, and developing a mutually agreed upon agenda;
- » negotiating how and when the agenda can be pursued, and clarifying what will have to wait for later appointments;
- » tackling the agenda of the day:
  - stimulating, through well-worded questions and statements, the participant's expression of facts, ideas, feelings, hopes, and/or problems;
  - listening, listening, and listening; and clarifying the participant's statements;
  - interpreting body language, and discussing non-verbal behaviors to determine whether the participant's words reflect reality;
  - challenging the participant's statements, when appropriate, in a caring, respectful way;
  - providing information that brings ideas and wishes into reality;
- » helping the participant to translate needs, hopes, wishes, feelings, and problems into goals and action steps;
- » helping the participant to prioritize action steps or remedial steps, and to develop a time-line for implementing those steps;
- » following up on implementation, and providing the participant with support so that s/he can carry the steps that were agreed upon;
- » revising goals and action steps as necessary;
- » discussing life skills that can help make task-completion possible; and
- » closing the meeting, summarizing agreements, and setting a date for the next meeting.

CHAPTER 3
WHAT SHOULD CASE MANAGERS KNOW ABOUT CLIENT MOTIVATION?

THIS CHAPTER WILL ENABLE THE READER TO:

» describe the factors that must be present for a young person to be motivated to pursue his/her goals.

All too often "lack of motivation" has been invoked as a cause of poverty, only to blame the victim. There are now new insights into motivation that have not yet been fully recognized or utilized in employment and training programs.

Let's start with a fact: Neither a case manager nor a program can motivate a young person. Motivation comes from within the young person.

On the other hand, a case manager can help his/her clients find things that motivate them and can provide an atmosphere and structure in which clients are more likely to be motivated. To do so, case managers need to be aware of several factors that contribute to motivation:

» incentive
» expectancy
» attribution
» goal structures
» learning structures

Each of these contributing factors is summarized in this chapter, and is referenced in a number of later chapters.

HOW DOES "INCENTIVE" AFFECT CLIENT MOTIVATION?

Incentive is a concept represented well by the question, "What's in it for me?" For a youth to be motivated, s/he must have incentive. The young person must want to get or achieve something, and this want must be stronger than conflicting wants.

> For example, many disadvantaged youths do not invest much effort in school because it is clear to them, from observing their circumstances, that their opportunities are restricted whether or not they finish school (Ogbu, 1985). There is no "incentive."

> In another example, a case manager may be frustrated because he can't understand why his client -- a single mother -- isn't enthusiastically pursuing a "well-conceived" service plan that guarantees professional child care for her young son so that she can pursue her GED. Both she and the case manager agreed that she needs a GED if she is to be able to move forward with her life. Unfortunately, the case manager did not adequately investigate conflicting incentives. The client values being a "good mother" more strongly than she does being educated. Her definition of a "good mother" includes raising her child personally rather than using institutional child care.

The issue of incentive comes across most strongly as case managers work with their clients to develop goals. Case managers must ask themselves, "Am I working with my client to help him/her seek what s/he wants, or am I pushing for him/her to pursue my agency's goals?" In turn, as they work with their clients to develop service strategies, case managers must help clients identify what clients really want, determine how strongly clients want those things, and identify and work through conflicting incentives. These issues are discussed further in Chapters 5, 6, and 7.

HOW DOES "EXPECTANCY" AFFECT CLIENT MOTIVATION?

"Expectancy" is exhibited by the question, "Do I really believe that I can succeed?" For a client to have expectancy, s/he must see that there is actually a way to get what s/he wants.

> For example, in a study of five public junior high schools (Hall, et al. 1986), it was found that teachers' lower expectations for minority and disadvantaged youths affected their achievements. Researchers found that differences in minority and white students' achievements in reading and math were related to teachers' incorrect perceptions of differences in the groups' abilities. There was a lesser level of "expectancy" for the minority and disadvantaged students.

> In another example, a 19-year-old male client with 4th-grade reading and math levels may acknowledge the need for and want his GED. But when he considers the reality of getting it, he may sense that he'll be facing several years of pain and embarrassment. All he has to do is recall his previous experiences in school -- always being the class "dunce." It is clear to him that he can't expect to succeed. For him to internalize the possibilities of succeeding and to gain "expectancy," he will need to be persuaded that he is capable of learning and should try again. He will need to be placed into an alternative education program that uses non-traditional teaching strategies. He will need to experience regular learning successes, especially up front.

In case management, the issue of expectancy comes across in goal-setting and in service planning. The case manager needs to probe whether each client really believes that s/he can achieve his/her goals. As a service strategy is being developed, the case manager needs to make regular reality checks with the client: "Is what we're talking about realistic?" "What's going to get in the way?" These issues are discussed further in Chapter 7.

HOW DO "ATTRIBUTIONS" AFFECT CLIENT MOTIVATION?

Attributions may be represented by the question, "To whom or what do I attribute responsibility for my successes or for my failures?" Did I do it? Am I a victim?

The ideas young people hold about their effectiveness affect their achievement. The most influential of these ideas are "attributions:" ideas about causes of success and failure. The most common attributions concern clients' own abilities, the amount of effort they must exert to accomplish a task, the difficulty of a task and its outcomes.

> Some young people understand that they are responsible for their own actions, and that what happens to them is, for the most part, directly attributable to what they do or have done. "I did this and this." "This was hard, but **I handled it**." I got me here." Case managers can gain a sense of how young people attribute success and failure by asking them to describe some important event in their lives. If a young person describes what occurred using regular "I statements," s/he probably feels that s/he is in control of his/her life. A youth who demonstrates personal attribution is more likely to be motivated to pursue a task or plan of action.
>
> Other young people attribute what happens to them to outside forces. When asked about something that they were involved in, they may react with: "The task was easy" or "Someone or something else made my success possible." These young people have a harder time becoming motivated to pursue a goal. After all, if "outside forces" control them, why should they bother to extend themselves? Case managers can identify these young people by asking them to describe some important event in their lives. If a young person describes what occurred using regular "they, he, or she (outsider) statements," the client probably feels that his/her life is usually controlled by the whims of others.

For a youth to be motivated to act assertively, s/he must believe that there is "cause and effect" tied to his/her actions. S/he must feel that, although outside forces do indeed play a role in what happens to him/her, it is ultimately his/her own efforts that have had an effect. This concept goes to the root of what we might call "personal effectiveness." The client's level of personal effectiveness will determine the amount of effort s/he will exert, his/her choice of activities, and his/her persistence in the face of failure, and accomplishments.

Expectations young people have about their personal effectiveness vary in magnitude, generality and strength. The stronger the ideas about personal effectiveness, "the more active the efforts" (Bandura, 1977) and hence the demonstration of what we think of as "motivation."

It should not be surprising that, in general, experiences of success increase, and experiences of failure decrease, a sense of personal effectiveness (although a failure after a string of successes may have little negative effect).

Case managers may need to do "attributional retraining" with some clients. By this we mean that case managers may need to review what clients have done to carry out their service strategies. As a youth proceeds with his/her strategy, the case manager may want to have the youth periodically discuss what has been achieved or not achieved, and how these events came about. If, during these discussions, the youth regularly attributes successes or failures to outside forces, the case manager should bring the youth "back to earth" by asking questions such as, "What did you do?" or "What was your role in this?" These "you-elements" should be reinforced strongly.

We should note that youths' ideas about ability and effort have a direct effect on their performance (Nicholls, 1984; Licht and Sweck, 1984). Low achievers are more likely than high achievers to attribute failures to low ability and successes to low task difficulty -- in other words, to attribute outcomes to uncontrollable causes. These concepts have profound implications for interventions for low achievers. They indicate that success experiences alone without associated changes in idea-formation do not alter achievement patterns. However, discussions or exercises that challenge young people to focus on their efforts as a cause of success can produce more adaptive ideas and related performance gains.

HOW DO GOAL STRUCTURES AFFECT MOTIVATION?

Some psychologists suggest that young people structure learning or advancement situations differently -- working either from performance or from mastery orientations.

» Students who are performance oriented will seek indicators of their own abilities based upon achievement of a goal. When an instructor presents a goal to be achieved, students with a "performance orientation" will gauge their success or failure purely upon whether they attain the stated goals. If they achieve the goal, they are "good." If they don't achieve the goal, they are "bad," or "stupid." When teachers emphasize performance goals, students who make performance attributions will become despondent after failure to achieve the goal regardless of how well they did in moving toward those goals.

» Other young people have are mastery oriented. Whether they achieve the instructor's stated goal or not, they will value the process of learning and attaining mastery. If they don't achieve the instructor's goal, they will step back and analyze what happened. They will "pat themselves on the back" for what they did right. They will analyze what they did wrong and use that information as a learning experience. They learn from failure rather than being defeated or labeled by it. These young people will usually be more predisposed to pursue challenging tasks. They ignore stereotypical cues about their "inherent" ability and respond to failure with problem-solving strategies.

Case managers (and other JTPA staff such as instructors) should recognize that some participants will be performance-oriented while others are mastery-oriented:

» Young people who are mastery-oriented will be easier to work with. They will love successes and accept failures more easily. They will draw lessons from failures, and see how they can use those lessons in the future.

» Young people who come from a "performance" perspective will need considerable counseling and mentoring to help them see that much can be learned from success and failure, and that failure does not necessarily imply that they are "bad," "stupid," or "inherently inadequate."

When case managers work with low-achieving young people who are "performance oriented," they need to develop and carry out attainable short-term goals. We all know that regular successes are wonderful. Is this a message to those of us who work with at-risk youths?

HOW DO LEARNING STRUCTURES AFFECT ACHIEVEMENT?

Young people who must learn in groups think about their performance differently depending depending upon the learning structures used in those groups. Competitive, individualistic, and cooperative learning structures elicit different ideas about achievement. These differences result from the different relationships these structures impose on people. For example:

» In competitive structures, young people are placed into groups that compete with each other. Groups are told to reach some goal, and one group will "win." Competitive situations impose interdependence. Regardless of how any one student performs in his/her group, his/her success is gauged by how his/her group performs in comparison to other groups. The possibility for one student to attain "success" is reduced when other groups are more successful than his/her group. In competitive structures, students tend to make ability attributions and to reward themselves on the basis of their groups' performance.

- In individualistic structures, youths are independent of each other and the opportunity to attain goals is equal for all of them. Youths working in individualistic structures are more likely to make positive attributions and to consider past and present performance when evaluating themselves. "Not only do learners attribute their performance to effort," one psychologist points out, "they also think about how to do the task" (Ames and Ames, 1981, 1984).

- In cooperative structures, students perform in groups and usually are dependent on each other for goal attainment (Ames, 1984). Unlike competitive structures, group members work together toward a common goal without seeking a "win" over others groups. When learning in cooperative structures, students evaluate their own performance based on the group outcome -- "Was the group's goal achieved?" Successful group outcomes promote positive self-evaluations even in students who perform poorly on a group task. For this reason, "cooperative structures that insure group success can be a real boon to low achievers," according to one psychologist (Ames, 1984).

In practical terms, these findings indicate that educational settings:

a.) should avoid competitive structures; and

b.) can be structured to promote adaptive thinking about achievement through:

Individualistic structures that emphasize the attainment or mastery of skills and that have achievable short-term goals can encourage young people to value their effort and even to enjoy learning.

Cooperative structures that elicit positive self-evaluations -- often precursors to achievement -- even in low achievers.

These ideas about motivation signal several facts relevant to interventions for disadvantaged youths. Many young people come from maladaptive attribution patterns that constrict their motivation. Therefore, approaches and interventions for at-risk youth should provide:

- Learning structures that emphasize mastery goals, as opposed to performance goals, so that each youth's individual accomplishments may encourage a more productive set of behaviors on his/her part.

- Cooperative structures, especially those that confer rewards for group successes. These may prove motivational even for low achievers.

- Exercises that emphasize the attribution of effort. These may have long-term motivational benefits.

The task for case managers, teachers, and program planners is to integrate the internal motivation of individual young people with the structure of a learning environment -- no small feat in multi-dimensional programs for youths with many needs.

HOW DO INCENTIVES AFFECT MOTIVATION?

Rewards and incentives certainly can play an important role in supporting achievement among at-risk youth:

- » Rewards given to reinforce specific behaviors, such as attendance or adherence to a dress code, promote those behaviors.
- » Rewards for competence in an activity, or achievement awards, can increase or decrease motivation depending on success or failure in the activity.
- » Rewards linked to cooperative structures can have a positive and even powerful effect. Rewards for team achievements increase individual achievement even if individuals in the group have worked independently. Group study itself may have little or no effect on individual achievement. Studies indicate that only when a group received a reward did individual achievement rise (Slavin, 1983).

On the other hand, rewards or incentives do not always produce desired results. When people receive rewards for activities in which they were initially interested -- or "intrinsically motivated"-- they lose interest in those activities (Lepper et al., 1973).

Rewards may have detrimental effects, especially when initial interest in an activity is high and the reward is viewed as a bribe. No reward given by others can replace the reward of enjoyment. Some individuals may lack the skills necessary "to get into the flow, stay in it, and make the process evolve." These skills probably include a capacity to:

- » focus attention on an activity;
- » define goals and the means of attaining them;
- » seek feedback; and
- » balance challenges and skills.

For some youths, an ability to tolerate the anxiety of learning new skills -- with the likelihood of failures accompanying the learning process -- may also be necessary. In other words, to enjoy an intrinsically motivated experience may, for some young people, pose both a challenge and a reward (Csikszentmihalyi & Nakamura, 1989).

These findings have direct implications for second-chance interventions. Many dropouts may have lost their intrinsic motivation for learning, or failed to develop the ability to enjoy a task. Short-term rewards may therefore be necessary to encourage the development of such skills as focusing on an activity. However, long-term goals must foster and support the development of interests -- the most valuable and ultimately motivating reward.

Case managers and program planners need to identify client goals prior to designing an individual service strategy and/or a program structure. Selection of goals -- occupational training, educational remediation, or something else -- should guide or contribute to the selection of structural alternatives. Interventions can be designed to address apparent motivational deficits in low achievers. Young people can change the process whereby they define and seek out goals.

Finally, intrinsic motivation -- what an individual wants and strives to attain -- may be the goal, as opposed to starting place, of interventions for high school dropouts. Support services and constructive interactions may be necessary to enable them to experience the reward of intrinsic motivation.

CHAPTER 4
WHAT IS ASSESSMENT, AND HOW IS IT HANDLED? *

THIS CHAPTER WILL ENABLE THE READER TO:

» define "assessment," and list the contents of a comprehensive assessment;

» define the role of case managers in gaining access to assessment data held by other local institutions; and

» describe the case manager's role in using assessment data.

Effective case management is based upon a comprehensive assessment. The case manager determines what a young person's situation is, what his/her strengths are, what his/her waeknesses are, what s/he is all about.

Assessment is not a one-shot, up front component. Nor is it limited to testing.

Rather, it is an ongoing process of information-gathering that continually contributes to and alters the young person's service strategy.

Case managers collect new and existing data that will inform the service strategy. They work with each youth and with other key individuals to process that information. It is only though accurate assessment that terms of the alliance between case manager and youth can be mapped out and, at times, revised.

During "assessment," the case manager observes the young person, records information, and identifies other sources of information. Equally important, s/he continues the process of understanding who the youth is, what strengths there are to build upon, and what compensations may be necessary for his/her vulnerabilities.

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* Author's note: This *Guide* is one of several publications developed by Brandeis University's Center for Human Resources. A companion publication focusing heavily upon the issue of assessment is also available, and can be obtained by telephoning 1-800-343-4705. Rather than go into detail on the assessment process, this publication will provide a "top-of-the-trees" overview. Readers desiring more in-depth coverage of assessment should obtain a copy of the *Assessment Trainer's Tool Kit.*

WHEN DOES THE ASSESSMENT PROCESS START?

Assessment Starts Up Front During Pre-Screening, Intake, and Orientation:

The pre-screening process involves a give-and-take of information between the case manager and youths. It identifies young people who are eligible for case management.

Pre-screening is often necessary to determine which clients will receive case management and which will not. It is a particularly important component when case loads are inordinately high (e.g., the total number of clients to be served by an organization or group of organizations significantly exceeds the capacity of available case management resources). In such situations, it is usually necessary to provide case management to a predetermined sub-population who will especially benefit from it.

Pre-screening may be handled in an application-screening process without clients present. It may also be handled through personal appointments or group sessions involving clients. Regardless of format, potential clients should be treated with dignity, enthusiasm, and caring. In group situations, participants should feel that ample attention is being paid to their individual needs.

If participation in case management is voluntary, a pre-screening session may be a place for "sales," to get attendees interested in case management; however, any such sales pitch should be tempered with truth and reality.

The orientation process also involves a give-and-take of information. Its function is to clarify what case management and its associated services are all about, and to solicit input and reactions from young people in reaction to that information.

Orientation sessions may also be provided through personal appointments or groups. In either case, young people should be greeted personally and made to feel at ease. Only after everyone has settled in can the case manager move on to business.

Most young people will want answers to, "Why am I here?" Those who are cynical may enter the process with "What's this line they're gonna give me?" Regardless, the case manager will need to:

» explain the purpose of the session;

» ask each youth what s/he arrived expecting and address those up front issues;

» clarify what case management and the services behind it are about, explaining what case management can and cannot do;

- make it clear what participants' responsibilities will be;
- provide ample opportunity for questions;
- give prospective clients opportunities to explore whether case management has the potential to meet their needs; and
- observe participants' reactions, and ask questions or gather data based upon those reactions.

A key to an effective orientation is telling young people the hard truth about case management, its supporting programs, and their roles in it. If there is a way to "sell" the hard truth, it is through challenging attendees to meet their personal potential head-on. They need to hear -- straight, tough, and caring -- what they're committing to.

Case managers might stress the flowery goals of "enhanced self-sufficiency and self-determination" (Of course, they wouldn't use these terms with clients). But they must also make it clear that to achieve these goals young people will be treated as active partners rather than as passive recipients.

Young people need to know up front that case managers will work with them, not on them. They need to hear that a case manager will help to identify and deliver appropriate services, but it is they who will have to do the hard, time-consuming work of attending appointments and classes, and fulfilling other obligations.

Although there are no proven rules governing what makes a responsible case management participant, three factors stand out. The young person:

a) will consider committing to long-term services;
b) wants to take increasing control over his/her life; and
c) acknowledges that doing so will require hard work.

The intake process also involves a give-and-take of information between the young person and case manager. Its function is to gather a combination of data required by regulation, needed for statistical analysis, and/or necessary to set the stage for subsequent activities.

Intake works best when it is a positive, caring experience handled by the case manager or other professional rather than by a clerical functionary.

Too often, intake processes are bureaucratic, mechanical "fill out the forms" situations handled by inadequately trained, administratively-oriented personnel. When case management is incorporated into a community-wide system, intake should be handled by the case manager or some other well-qualified individual.

Intake should become an opportunity for establishing the tone and quality of an ongoing relationship between the youth and the person who will be working with him/her.

Traditionally, intake occurs in one personal appointment, although this may vary. It can be spread out over a series of appointments. Parts of intake don't even have to happen in a formal appointment at all. Sometimes being informal or even unorthodox is a good idea. Non-confidential information can be gathered in the lunchroom at school, in the hallways between classes, or at a video-games center where dropouts typically congregate. The case manager can certainly consider handling intake creatively.

Unlike the "tell us your name/address/phone" approach that often comprises traditional intake processes, case management intake might be a "getting to know each other" process. Most contacts with a youth should start with a greeting and some small talk. This allows the youth time to relax and get comfortable before business starts. It may take awhile for a satisfactory level of comfort to be established. The value of this step should not be underestimated. The typical youth will not begin to talk "for real" until rapport exists.

As a part of the relationship-building process, the case manager may explain that intake will be used to get to know the young person, get a feel for what s/he has done and wants to do, identify what s/he is good at, and determine what gets in the way of fulfilling his/her goals.

Several case managers interviewed for this publication suggested that, after the youth and case manager become comfortable with each other, the case manager might ask the youth about his/her personal dreams. The answers to this question, or lack of them, reveal much about the youth. Is s/he defeated? If so, what will it take to re-energize him/her? Does s/he have something to strive for, but doesn't know how to reach it? If s/he has a dream that is totally unrealistic, what should be done?

It may be that the traditional process of retrieving crucial data about the young person should wait for a subsequent appointment. This decision rests with the case manager. Regardless of when it happens, the case manager should put requests for personal information into context -- explaining why each piece of information is important, showing how it might be used, and perhaps even giving examples of how similar data from other participants have been used in the past. The case manager should also explain the confidentiality policies under which s/he operates.

As always, the case manager should determine what the youth thought intake would be about, should start investigating the young person's goals, and should begin working out with him/her how both might be addressed in subsequent sessions.

The case manager should not use intake as a vehicle to collect stray, one word facts for entry onto a form. Rather, s/he should use them as an opportunity for a youth to talk about important issues. Ultimately, intake offers the chance for the case manager to hear who the youth is, listen for unspoken statements, be aware of feelings, and observe body language.

HOW DOES ASSESSMENT PROCEED?

Armed with the data gathered through pre-screening, orientation, and intake, the case manager possesses the raw material to determine how further assessment should proceed.

The case manager should discuss his/her thinking with the young person, and reach an agreement about further assessment processes in which the young person will participate. The case manager should explain the purposes of any additional assessment processes, and the particular appointments or group sessions they will involve.

S/he may wish to warn the young person that these processes may involve a lot of questions, some of which may feel uncomfortable. The case manager may also wish to explain that answers to these questions will contribute to the development of a solid plan that is in the best interests of the youth. In addition, the case manager should introduce each area of questioning with an explanation of why the information is being sought, how it may prove useful, and a common rule that no question "must" be answered. The young person should be clear that it is OK to say, "I don't want to talk about that right now."

When the case manager feels that the timing is right to dig into the youth's background, a formal assessment strategy can begin.

We must reiterate, however, that while certainly there are advantages to gathering lots of data upfront, the assessment process ought to be ongoing. In its early stages, the young person may say what the case manager wants to hear rather than convey the real truth. To overcome that tendency, the case manager will need to work hard over time to develop a trust relationship with the client.

The personal contacts in which the case manager hears, sees, and senses the youth's situation will ultimately prove to be among the most effective assessment tools.

SHOULD CASE MANAGERS SEEK CLIENT INFORMATION FROM OTHER AGENCIES?

Although young people will be the first sources of information about themselves, they may already have had other assessments in their lives that will prove to be valuable secondary sources. Each institution with which a youth has come in contact has, at some time, conducted its own assessment which was then filtered through that institution's role and through the professional training of its staff.

In file cabinets around the community there may be a health assessment performed by a physician, a mental health assessment performed by a psychologist, a study conducted by a court worker, or an Individual Education Plan at a school.

These institutions have screened information in or out, based on its relevancy to their particular specializations. Beyond commonly requested items such as name, address, and age, the file at the physician's office will contain very little information in common with the court file. These health, education, employment, court and other systems will not disband with the advent of case management. They will continue their particular brands of assessment despite the coming of case management.

It is this fragmented approach that goes to the very heart of what case management is all about. Someone in the young person's life needs to look at the whole person. How then does a case manager conduct an assessment that does not simply add another layer of information? What good is one more report in one more file?

A case manager can serve as a powerful force on behalf of clients by:

» Being a catalyst that brings together the various assessments being conducted. This may involve calling meetings of the institutions involved with a client/family, or may involve reviewing written assessments, or both.

» Performing an analytical function (i.e. noting and pointing out that assessments are contradictory as to the client's intellectual functioning, or complementary as to his girlfriend's attitude [everyone sees her as supportive]).

» Synthesizing information coming from various assessments, and from the case manager's own assessment, into a single, comprehensive picture of the young person, family and circumstance.

» Noting the absence of what might be critical data ("We know that she is not motivated, falls asleep in class, etc.; but she has not had a physical exam in three years and so we cannot rule out a health problem.").

Since over time a case manager will likely come to know a client better than most direct service providers (who are involved for shorter periods of time and for narrower reasons), the case manager can help other assessors by providing or confirming factual information, suggesting an approach, etc.

Because the case manager is an advocate for the youth, s/he may be able to influence the system's assessment processes by encouraging the participation of the youth and his/her significant others in the assessment process, or by presenting issues as the youth sees them.

WHAT INVOLVEMENT SHOULD CASE MANAGERS HAVE IN TESTING?

Where testing is concerned, the first duty of the case manager is to serve as a sort of "gatekeeper" -- defining whether testing is needed, and in what areas.

The testing decision is based upon the case manager's observation of and discussions with the young person, and reviews of the young person's strengths and weaknesses. Should testing be called for, the case manager might contact a person or center specializing in testing, to obtain existing test data or to arrange for the youth to be tested. It is rare for case managers to administer tests themselves.

When a case manager arranges for test administration, s/he has a role in "preparing" participants for testing, and in using test results as one contributor to the service strategy. Because many youths have experienced difficulty in school and find tests distasteful, case managers should explain what kind of testing will be done and how results will be used. The case manager may also wish to discuss the youth's feelings about being tested. Likewise, case managers need to work with test administrators to interpret tests, and then must translate test results into forms that participants can understand and use.

Finally, testing must fit into an overall conceptual framework, one whose integrity depends upon the insight of the case manager. Without the judgement and focus of the case manager, testing may produce little more than a hodge-podge of data.

SHOULD CASE MANAGERS SHARE ASSESSMENT DATA WITH CLIENTS?

Regardless of how "solid" the case manager feels assessment data is, s/he should not move on until s/he has reviewed and interpreted that data with the young person. In other words, the case manager should not assume that assessment data makes it clear who the youth is. The young person should first concur, after hearing what the assessment indicates, that it presents a truly representative and accurate picture.

WHAT MIGHT BE THE CONTENT OF A COMPREHENSIVE CLIENT ASSESSMENT?

Whether from direct input from the youth, from existing institutional records, or from testing, a comprehensive assessment might shed light on questions such as:

Crisis Intervention Needs:

- » Are there issues that must be addressed before other work becomes possible?

Basic Needs:

- » Can the youth obtain and prepare nutritious food?
- » Can/does the youth dress in seasonally appropriate clothing for appointments work, school, and recreation?
- » Does the youth reside in affordable, "livable" shelter (living independently, with family, in a group or roommate situation, or in a residential placement)?

Goals:

- What are the youth's dreams (e.g., What does s/he want to do with his/her life?
- What "little things" and "big things" does s/he want?
- What is the youth's sense of his/her capacity to achieve these things?
- What "barriers" would s/he like to remove?

Existing Support Network:

- Is the youth working with any other "helping professionals" or agencies?
- Which institutions has the youth been to before?
- Are there opportunities to pick up where a previous "helper" left off?
- To whom does the youth turn to for help or admire?
- Who are available role models?
- What is the youth's family system -- siblings, extended family? What type of relationships exist in the family unit?

General and/or Survival Skills:

- What has the youth been doing, so far, to "get by" in the world?
- What is s/he proud of?
- What is s/he good at?
- How do these skills relate to skill needs of traditional society?

Day-To-Day Living Needs:

- Does the youth demonstrate basic personal hygiene?
- Can the youth care for, clean, and organize clothing, living space, cooking/eating utensils, etc.?
- Does the youth get up on time and meet schedules?
- Can the youth manage his/her money?

Employment Needs:

- Is the youth "employable?"
- What employment experiences has the youth had?
- What did s/he enjoy or excel at?
- What issues recur?
- Can s/he obtain at least a basic entry-level job?

- Can s/he advance beyond an unskilled, entry-level job?
- Are the youth's expectations realistic?
- Is the youth pursuing his/her potential?
- What vocational and career interests are expressed?
- Are these realistic? What additional skills are needed?
- Are there marketable skills that can be conveyed quickly?
- Are there more complex skills that s/he would like to learn that can be conveyed through available resources?
- Is the youth aware of available training opportunities, and do any of these interest him/her?

Educational Needs:

- What has been the youth's educational history?
- If in school or training, how is his/her attendance and performance?
- Where is s/he strong?
- Where, or in what subjects, is help needed?
- How long would an educational intervention take, and what will it require?
- How does the client learn?
- What problems, if any, have cropped up? When?
- How are relationships between the youth and teachers/school authorities?
- Is the youth aware of available educational options?

Transportation Needs:

- Does the youth have an appropriate, affordable, and consistent way to travel to and from places where s/he must go?

Medical/Dental/Mental Health Needs:

- Does the youth have a medical condition that might affect his/her capacity to partake fully in the activities stated in his/her service strategy?
- Does the youth have medical, vision, hearing, dental, and/or mental health check-ups and treatment?
- Does the youth understand possible side-effects resulting from the treatment of an existing medical condition?
- Does the youth use any prescription drugs, and understand their side effects?
- Does the youth understand appropriate birth control techniques?
- Does the youth abuse alcohol or drugs?
- Is the youth aware of AIDS/HIV and the ways in which the it is transmitted?
- Has the youth been, or is s/he being served, by a mental health professional?

Social Skills:

- How well does the youth express him/herself?
- What affect and emotional tone does s/he convey?
- How psychologically well-organized does s/he appear to be?
- How clearly does s/he describe personal strengths? problems? solutions?

Child Care Needs (for pregnant/parenting clients):

- Has the youth arranged a primary child care strategy?
- Has the youth arranged a back-up child care option?
- Does the youth use prenatal care and early childhood medical care?
- Does the youth need help in learning generally accepted parenting skills?

Legal Needs:

- Does an adjudicated youth have access to, and use, a lawyer to handle any outstanding issues with the juvenile, criminal, or civil justice system?
- Has an adjudicated youth maintained regular contact with probation, parole, or other court officers as part of his/her sentencing?
- Has an adjudicated youth been handling any sentencing requirements resulting from court involvement?

When combined with the youth's age and developmental stage, these issues represent a major part of a comprehensive assessment; however, they should not be considered the be-all, end-all. There are many other pieces of data, some of them non-traditional, that a case manager will pick up: relationship issues, leisure time preferences, sense of humor, etc.

CHAPTER 5
HOW CAN CASE MANAGERS ASSIST YOUNG PEOPLE TO SET REALISTIC GOALS?

THIS CHAPTER WILL ENABLE THE READER TO:

» describe how goal-setting can stimulate client motivation and long-term success;

» discuss a general framework for goal-setting;

» list a series of probing questions or statements that may help young people to formulate goals; and

» explain how long-term goals and short-term objectives form the basis for the service strategy.

The goal-setting process is a key, usually under-utilized, aspect of client service that affects a young person's chances to succeed in programs and to achieve self-sufficiency.

Through goal-setting, a case manager and young person work as partners to formulate a set of long-term goals and short-term objectives that are:

» attractive and pertinent to the young person;
» ethically acceptable to the case manager; and
» realistically achievable given available resources and commitment by the young person to pursue them.

Goal-setting usually explores what the young person:

» wants for him/herself and/or for significant others in his/her life;
» would like to be or do; and
» considers to be realistic (and why).

Long-term goals provide a clear direction for all subsequent actions, activities, and interventions. They represent the ultimate "destination" of the youth's service strategy.

Short-term objectives represent the major and minor steps that must be completed as the young person works toward his/her long-term goals. These steps are sequenced logically, lead to the long-term goals, and enable the young person to attain regular "wins." They are an excellent tool through which the case manager can help clients be motivated to act.

WHY DO GOAL-SETTING?

At first glance, case managers and their agencies may question whether it is feasible to invest the (often considerable) time it takes for a case manager to conduct a thorough goal-setting process with his/her clients. However, doing so ultimately benefits the young people, the case manager, and the various organizations that will ultimately serve the young people. The investment is usually a prudent one.

Benefits to the youth:

A well-formulated goal-setting process can be a tool that contributes to client motivation. It can spur a youth on to pursue his/her service strategy wholeheartedly. The process of mutually developing a set of clear goals:

- Communicates to the young person that the case manager is interested in what the youth wants. As elementary as this concept sounds, it is not necessarily the norm. The more common situation is one in which case managers appear to be the agents of their agencies charged with fulfilling agency goals regardless of what the client really wants.

- Accentuates the positive. By focusing on goals, the case manager helps the young person look ahead to an optimistic future. In doing so, the case manager can avoid the common trap of spending too much time focusing heavily on problems and leaving the young person depressed about what s/he may have viewed as overwhelming barriers.

- Enables the young person to clarify what s/he wants. For some clients, this may be the first time that a human service professional has bothered to spend time on this issue. This important aspect of goal-setting ties directly to the motivational concept of "incentive."

- Provides youths with something tangible to strive for. A young person understands "where s/he is going." This aspect also ties to "incentive."

- Sets the stage for clients to see that they can achieve their goals. When goals have been defined, progress toward those goals can be more easily measured. The young person can see for him/herself and through feedback from others that s/he is progressing toward something s/he wants. This aspect ties directly to the motivational concept of "expectation."

- Offers the security of predictability. Clearly defined long-term goals coupled with achievable, short-term objectives enable a logical service strategy to be developed. The young person can understand how each step and intervention will lead, linearly, to his/her goals. Actions become more predictable and uncomfortable surprises become minimized. This aspect ties not only to the motivational concept of "expectation," but also to the concept of giving the young person regular "wins" and praise. A case manager who discusses "how each step was completed" by focusing on the client's actions can also help the client move toward increased "internal locus of control."

Benefits to the case manager and human service institutions:

In addition to the client benefits addressed above, a well-formulated goal-setting process can be a tool that:

» Contributes to client cooperation and motivation, and reduces program dropouts. If a young person feels that s/he is working toward something s/he wants, the young person will be more inclined to pursue a service strategy wholeheartedly, and less prone to drop out of services prematurely. Fewer premature program-leavers mean more positive outcomes achieved for the programs they attended. More program completers reflect well on everyone.

» Provides clear outcomes to be strived for. The definition of goals will help all involved individuals and institutions to understand "where each young person is going." They can then custom-fit their particular interventions into that context. Evaluation of the case management intervention becomes possible through the capacity to ask the question, "Is the young person progressing toward his/her goals?"

» Sets the stage for the youth and case manager to develop a service strategy. Case management trainees often ask, "How do I develop a good service strategy? Usually they have considered plan development to be a tough or even magical process because they didn't grasp the importance of client goals. When clear goals have been established, it is much easier to develop a set of steps and actions leading to those goals. In turn, those steps and actions, once logically sequenced, represent a well-conceived service strategy.

WHAT PHILOSOPHIES GUIDE EFFECTIVE GOAL-SETTING?

» Solid goal-setting begins with a thorough assessment.

» The youth must be actively involved in the goal-setting process from the very start. The youth and case manager work as partners to negotiate mutual agreement about goals -- with both owning the goals that result from this process.

» The young person needs to define one (or more) primary, long-range "umbrella" goal(s).

- For each primary goal, there should be a set of sequenced, shorter-range, "bite size," objectives leading to that goal and enabling the young person to achieve regular "wins." Each objective should be a measurable, achievable outcome rather than a description of process.

- The organizational prerogatives and programs of the service provider(s) should be fit, at appropriate places, into the young person's goals and objectives. Organizational goals should not necessarily take precedence over client goals.

- Goals and objectives should be prioritized -- On what goal/objective/outcome does the young person want to focus his/her attention the most?

- The case manager must be aware that the young person can tackle only so much at any one time, and must devise an action plan that focuses on these "bite size" pieces -- one at a time.

- The young person should understand the goals s/he has developed, and should be able to restate them clearly in his/her own words.

HOW DOES THE CASE MANAGER HELP THE YOUTH IDENTIFY GOALS?

The case manager and youth work as partners to develop a set of realistic goals that are attractive to the young person, and ethically and legally acceptable to the case manager.

The young person's goals should be primary. Except in the case of legal or ethical questions, the case manager's and/or agency's goals should be secondary. Ultimately, effective goal-setting enables the young person to achieve his/her goals using the case manager's and agency's goals as stepping stones.

The approach used during the goal-setting process should give the young person the sense that s/he can be the master of his/her life and is capable of changing his/her lot.
Goal-setting activities should give the young person the sense that s/he is capable of planning for him/herself, is setting goals that s/he truly wants, and can carry out major portions of the strategy that results. The case manager should try to help a young person move toward the point where the young person feels confident about "running with the ball." For many clients, this sense of control and the accompanying respect conveyed by a service provider is a new experience.

The case manager should not "inflict" his/her goals or values, or those of his/her organization, on the young person.

> Unfortunately, many case managers assume that their or their agency's goals have primary importance. They relegate the youth's goals to a secondary position. These case managers believe that, as professionals, they "know what the client really needs." They believe, often through pressure from their agencies, that their agencies' goals should be those of the client ("If only Jim would understand that if he strives for the thing we know he really needs, and drops that stupid idea of his, everything will work out fine. Then he'll be self-sufficient, and we'll get credit for the service!"). While accomplishment of an agency's goals is every employee's job, accomplishment of a youth's goals with the assistance of community resources is the challenge presented to a case manager.

The reality of goal-setting is actually fairly simple. Case managers need to find out from each young person what s/he wants over the long and short terms. Then the case manager needs to determine where his/her organization fits in. In turn, s/he needs to see where other organizations in the community can play a role.

At the start of the goal-setting process, some young people will require significant "hand-holding" while others will be able to "run with the ball" fairly quickly. The case manager needs to discern, up-front, what each youth's capacity for self-sufficiency is.

This issue also goes to the very heart of the question of motivation. Case managers regularly ask how they can motivate their clients (They might wish to start by considering the source of their own motivation). Usually, a person becomes motivated to act if s/he feels that his/her actions will lead to something s/he wants (incentive). The more s/he wants it, the more motivated s/he will be to work hard to attain it. If the young person is pursuing the case manager's or the agency's goals rather than his/her own, how motivated can s/he be expected to be?

Ergo, if the young person is pursuing something s/he wants, his/her level of motivation to act and follow through will be significantly higher. If we add to the "incentive" concept the element of "expectation," we must ask how the goal-setting process can contribute to a youth's belief that s/he is capable of achieving his/her goals.

HOW IS THE GOAL-SETTING PROCESS STRUCTURED?

The case manager relates each youth's wants to realities, and helps each young person develop realistic goals that reflect many of the questions first broached during the assessment process. The goal-setting process acts as a bridge between assessment, goals, and service planning by utilizing two major areas of questioning and discussion. It merges "incentive" with "expectation."

"Where" is the young person now in his/her life?

This initial aspect of goal-setting forms the foundation of subsequent activities. The case manager recognizes that s/he has to start with each client from that client's unique place ("One size does not necessarily fit all!"). A case manager who possesses accurate data from a thorough assessment can determine roughly "where the young person is in his/her life now." A comprehensive assessment should have generated basic information that identifies:

- client strengths that can be capitalized upon or further developed;
- what the young person likes and dislikes in his/her life;
- interests and other "positive" aspects of the young person's life that are worthy of further investigation;
- skills deficits;
- barriers or needs; and
- some tentative future options that the young person might wish to explore.

What does the young person want to be or do?

This aspect, which really is the heart of goal-setting, starts by identifying what the youth wants over the long-term, not only for him/herself, but also for key others in his/her life (such as children). It merges the issues of "incentive" ("Here's what I want") with "expectation" ("I think I can get there!").

The case manager starts by finding out whether the young person can readily express one or more strongly wanted long-term goal(s) (incentive) that warrant his/her active participation in the many steps that must be undertaken to achieve the goal(s). Some young people can do this readily. Others can't.

With clients who can express a long-term goal, there is a strong chance that they can "run with the ball" because they have incentive. They may not require too much case management time above and beyond formulation and occasional revision of their strategies.

The goal-setting process becomes one of merging the client's goal(s) with the realities of the system and the client's personal situation:

- Is the young person's long-term goal(s) realistic, given his/her strengths, weaknesses, barriers, skills, schedule, family demands, etc.?

- Is the young person willing to seriously commit his/her time and energy to achieving this goal?

- Does the young person believe that, with strong effort and help from others, s/he can achieve this goal (expectation)?

- Do community agencies have the capacity to assist the young person in moving toward his/her long-term goal and accompanying short-term objectives?
- If an ambitious plan of action were developed (one that could be achieved given considerable effort on the part of the client), would s/he be willing to pursue that plan wholeheartedly? If not, what adjustments must be made?
- What sequence of realistic short-term objectives can be developed that lead to achievement of the long-term goal? Can these steps be designed to be achievable in short periods of time so that the young person realizes regular "wins" enroute to his/her long-term goal?

With a young person who cannot readily identify a long-term goal or goals, the process of goal-setting becomes more complex. Probing and exploration activities may be necessary. The motivational concepts of "incentive" and "expectation" may be up in the air for a while.

Most case managers have worked with a youth who cannot identify any long-term goals. This young person may have appeared because his/her presence is an automatic part of the program process. S/he may have shown up because s/he identified what s/he perceived to be an immediate need (i.e., "Solve this problem for me now.").

Too often, youths who come from this short-term intervention mode reappear regularly at various agencies' doors. They may be "chronically defeated." They may live their lives moving from crisis to crisis, and seeking one short-term fix after another. They may keep dealing with short-term symptoms of problems rather with the real problems. Often they have not clarified what they need or want over the long term. If youths who enter at this "hand-holding" stage are to move forward with their lives, they will need to spend considerable time exploring their values, hopes, dreams, and needs. The case manager may wish to ask "probing" questions that "get the young person thinking."

There are many questions that might assist in achieving this process, among which are:

General Areas of Questioning:

- What are your goals?
- What are your dreams?
- Before you stopped dreaming, what were your dreams?
- What do you like in your life?
- What subjects, activities, or things interest you?
- What have been your successes?
- What has kept you from being what you want to be?
- What makes you feel good?
- What don't you like? How can it be changed?

» What do you do during the day?
» What do you spend time on?
» What would be an ideal day for you?
» How do you see yourself?
» If you were to look in a mirror right now, how would you describe yourself? What would you keep the same or change?
» Whom do you know personally whom you look up to? What is it about them that makes you feel this way?
» What is important to you?
» What do you do for fun?
» What do you think you are good at?
» What makes you happy?
» What makes you proud?
» Who are the people that are the most important in your life? How would you like them to view you?
» What do you want for your family?
» What do you want for your children?
» How would you like your spouse to view you?
» If you were granted three wishes, what would they be?
» If you won the lottery, what would you do?
» If there was something you could work hard at for a full year, what achievement would provide you with great pride?
» If I handed you $10,000, what would you do with it?
» What did you enjoy doing as a child?
» Who referred you and what do you want from our program?
» What do we need to work on today?

Employment or Career-Oriented Questions:

» When you were little, what did you dream about doing?
» What is something you have always wanted to do?
» What do you want to be when you grow up?
» Tell me about your "dream job." What is it about it that attracts you?
» If this were a brand new town with all jobs open, what job would you choose?
» What are your skills?
» What did you like and dislike about the jobs you've held?
» How much money will you have to earn to live comfortably?
» Do you have friends who have a job that interests you?
» What are your hobbies or leisure activities?
» What environment would you like to work in?
» How much time would you invest in training?
» Have you been looking for work? What have you been doing to find work?
» Tell me about three jobs you would like.
» Have you taken an interest inventory?

- What job values/abilities are important to you?
- Would you be willing to relocate?
- Do you like indoor or outdoor activities?
- Do you prefer being around people or alone?
- Do you enjoy working with your hands?
- What types of benefits are you looking for?
- Has anyone ever encouraged you or forced you in one occupational direction or another? How do you feel about that? What occupation?
- What were/are your favorite school subjects?
- Tell me about your educational history.

Miscellaneous Questions:

- Tell me what you think you need to do to establish a goal.
- Would you like some information on goal-setting or help with it?
- What steps do you take to reach a decision?
- Tell me about a time you had to make a hard decision. What did you do?
- Create a hypothetical scenario in which roles are reversed: "I have a problem. You (the client) help me figure it out."
- Have the client complete a hypothetical story.
- Where do you see yourself 6 months (1 year, 5 years, etc.) from now?
- What would you like to accomplish in the next 6 months?
- What steps will you take today to accomplish these things?
- What obstacles do you see that might keep you from accomplishing these things?

These are just a few of the many kinds of questions a case manager might ask to get the young person thinking in long-range, future terms.

The case manager may have to devote considerable time with youths who are not goal-oriented just to get them to the point where they are willing to dream at all (i.e., "Every time I dreamt in the past, I got burned!").

A major part of the goal-setting process may be helping youths develop a set of short-term goals that they can try out. They may need to "test the water," experience a few tentative steps, and find that they can "win" a few "easy ones." Only after this test may they be ready to consider, much less tackle, more ambitious goals.

In turn, it may take months before a case manager can help them develop a set of longer-term goals that they can successfully take on, the achievement of which might empower them over time to advance toward the "run-with-the-ball" stage.

HOW LONG DOES IT TAKE TO SET GOALS WITH A CLIENT?

The goal-development process is not time-driven. It does not necessarily take a standard two-hour appointment to develop goals for all clients. The time spent in the goal-setting process varies according to the young person being served.

With some youths, goal identification may be fast and easy. With other young people, goal-setting may take considerable time, and may be an ongoing process that intersperses exploratory activities with short-term goal-setting based upon the youth's exploratory experiences.

For example, the three hypothetical clients that follow may need various levels of help with goal-setting. The time investment necessary to formalize each young person's goals will be based upon his/her unique needs:

> Marcia wants very much to be a carpenter. She can achieve her goal with minimal intervention. She enjoys and succeeds in her school's woodworking program. Her reading and math levels are two years below what she needs to pursue formal training programs in that field. The case manager may be able to help her set a basic skills remediation goal that will bring her "up to par" in a reasonable time. Because she is clear about what she wants, she may be motivated to pursue an appropriate educational program. Then s/he may set a subsequent goal of completing a special apprenticeship preparation program for women entering the skilled trades.
>
> In contrast, Roberta "knows exactly what she wants to do," but is unrealistic. She is a 17-year-old who reads at a fourth grade level and is attached to the idea of being a lawyer. Before the goal of lawyership can be set in stone, the case manager may wish to arrange for her to learn about the realities of being a lawyer. Through this exploration process, Roberta will gain valuable information that will contribute to an analysis of her initial goal. She may decide to drop the idea, look at other jobs in the legal field, or take on an extraordinary educational process to bring her skills up. She needs to examine whether any of these strategies are realistic. Before the case manager can assist Roberta, it may be necessary to link her with someone (a vocational counselor, for example) who can help her examine these issues. She may benefit from "job-shadowing" and/or interviewing several lawyers. S/he may need a day spent at a law school attending classes and talking with students about the rigors of their experience. Only after that process is completed can the case manager continue to develop realistic goals.

Sam has no idea what he wants to do. He feels defeated and has given up on himself. He has rarely looked to the future. When asked about his goals, the best he can do is give a blank look. He is a "here and now" thinker, so "Why should he bother with goals?" The goal-development process for Sam may take five appointments, perhaps ten. It may involve multiple interventions from the case manager and from other professionals who are more specialized.

HOW DOES A CASE MANAGER KNOW WHETHER S/HE IS HANDLING THE GOAL-SETTING PROCESS WELL?

As a self-assessment, case managers should periodically ask themselves a number of questions related to their approaches to the goal-setting process:

» Do I encourage my clients to verbalize **their** goals?

» Do I ask probing questions that stimulate young people to verbalize or explore their goals?

» Do I help young people expand upon their goal statements, and investigate the ramifications of those goals from an objective standpoint?

» Do I censor or judge young peoples' goals?

» Do I assume that I -- the "professional" -- know better than my clients what they need or should do?

» Do I tell young people what they ought to do?

» Do I work with my clients to merge their goals with reality, and with the purposes and services of my and other local institutions?

» Do I have a sense of what my clients are capable of?

» Do I give my clients credit for their capabilities?

» Do I work with young people to develop goals that put maximum, yet realistic, levels of responsibility for implementation upon their shoulders?

HOW SHOULD GOALS AND OBJECTIVES BE STATED?

Long-term goals and their accompanying short-term objectives should be described in terms that the youth, case manager, and other involved parties can understand and achieve. This means that goals and objectives:

- should represent outcomes that the young person seeks, described in ways that can be measured so that all parties understand and can subscribe to them or their component parts;
- might deal with a situation, condition, or behavior that the youth, case manager, and significant others think should be tackled;
- should be achievable in a realistic period of time.

CHAPTER 6
HOW CAN A CASE MANAGER HELP A YOUTH TO TACKLE A DIFFICULT PROBLEM?

THIS CHAPTER WILL ENABLE THE READER TO:

- » list and discuss the steps involved in a generic problem-solving process.

Many young people arrive at the case manager's door seeking help solving a problem. Often they feel overwhelmed, and may see no satisfactory way through their dilemma.

Although a young person may describe what is going on in the form of a problem (i.e., "I can't hold a job because my child-care arrangements keep falling apart."), the case manager can turn that problem-statement into a goal-statement (i.e., "The goal is to have the young person obtain reliable, long-term child care."). In other words, problems and barriers can be restated as goals.

Case managers should also be aware that although problem-solving is an art, it can be conducted using a fairly logical process.

There is a relatively standard sequence of steps that case managers and clients can work through that can facilitate the generation and implementation of creative solutions to difficult problems.

1) Identify the Real Problem:

Sometimes the problem as identified by the young person will be clearly stated and accurate. Sometimes the young person's analysis is fairly close, but needs some clarification. Other times, the young person is way off base. S/he may describe a problem that is actually a symptom of the real problem, and/or may describe a solution rather than a problem:

> For example: A youth says, "I got fired from my last three jobs because I was late a lot."
>
> Further probing by the case manager may reveal that the youth was regularly late because he stayed up several nights each week partying until 2:00 a.m. and couldn't get up on time because he was still reeling from the festivities the night before. In this case, the tardiness is a symptom of a bigger problem -- the partying.

Problem-identification, therefore, may involve considerable discussion that:

- » does not assume that the youth's description of the problem is always accurate;
- » probes the differences between a young person's request and what may be the real problem;
- » analyzes the problem as stated to see if it is really the problem, or whether it is actually the symptom of another problem; and
- » analyzes whether the young person has prematurely arrived at a solution as s/he analyzes the problem.

2) Establish Goals:

Once the problem has been clearly and accurately defined, the youth and case manager need to discuss what the youth wants to do about it. This step is the one in which a problem statement is converted into a goal statement.

For example, using the previous case of the perennially tardy party-goer:

- » Will the goal be to have the youth stop partying?
- » Will the goal be to have the youth get to work on time?
- » Or will there be some other goal?

Let's assume that (after some discussion) the youth said, "I know that I should stop going to so many parties, getting smashed, and staying late. But I don't want to give them up altogether. I have a great time. Can we work out some middle ground?" Through even further discussion that thoroughly explores the pros, cons, and ramifications of the young person's expressed goal, the case manager and client may eventually define the youth's goal as, "I will cease having my party behaviors interfering with my capacity to hold a job." (Note: This goal may not be ideal, but it's a start. Sometimes one must compromise the ideal and go for a first step.)

3) Brainstorm Solution Options:

Once the goal is agreed upon, the case manager and young person should brainstorm some possible ways to tackle the problem and fulfill the goal they generated. The process works best if the case manager first asks (and perhaps prods) the young person to come up with a variety of ways that s/he might address the problem.

After the young person has run out of ideas, the case manager can add his/her thinking on the subject. However, in doing so, s/he should neither imply that his/her ideas are better than those generated by the young person, nor press the young person to choose one of the case manager-generated ideas.

For example, the aforementioned youth, having been asked to generate his/her ideas regarding possible options, might suggest:

» I'll only do my heavy partying on Friday and Saturday nights.

» On work nights, I'll alternate each beer with a glass of water.

» On nights before I'm supposed to work, I'll have a 10:00 p.m. "shut-off" time, and be in bed by 11:00 p.m.

» I'll move the alarm clock to the other side of the bedroom, so that when it sounds, I'll have to get out of bed to turn it off.

When the youth is done, the case manager might say, "I have a few other ideas we might add to the list of options. I don't know if they're feasible or attractive to you, but let's list them for the sake of argument. Don't feel like you have to do any of them just because I suggest them. But if you like one or more of them, that's great!"

» You might enlist the support of your friends in carrying out the shut-off time you suggested, and might tell them up front that they should not listen to your later protests when they shut you off.

» You might give your girlfriend permission to "get on your case" when you don't fulfill your plan. You might also agree, in advance, that when she does, you won't get upset at her for doing so.

» You might enlist help from your mother to get out of bed. Her job, if she agrees to it, will be to make sure that you're out of bed by 7:30 a.m. If she does agree to do this, you might agree in advance that you will neither argue with her, nor will you moan and role over in bed. Rather, you will get up and start getting ready to go to work.

» You might find a friend or friends who agree(s) to give you a telephone call each morning at 8:00 a.m.

4) Eliminate Obviously Inapplicable Options:

Once a set of options has been generated, the case manager should ask the young person to note those options that s/he considers to be "out of the question."

During this process, the case manager should discern why the rejected option is being rejected. There is always the possibility that the reason for rejection could be overcome through a slight alteration of the option as presented.

After one or more options have been rejected, the next step can proceed.

5) Generate Pros and Cons For Remaining Options:

Once the youth has moved through step four, s/he is ready to investigate the reality of his/her remaining options.

With the help of the case manager, a client looks at the ramifications of each option. The case manager guides discussions by reviewing:

- What are the positive sides, rewards, and good outcomes of pursuing a particular option?
- What are the negative sides, conflicts created, possible "bad outcomes," major efforts called for, negative reactions on the part of "significant others," or other less than positive aspects of the option that could occur?
- How do the positives and negatives weigh when compared to each other?
- What values or weights need to be attached to each positive and negative?
- What are the ramifications of the "if statements?" In other words, "If I do this, this good stuff might happen, but that bad stuff might happen too." "Where does the good stuff outweigh the bad stuff, and where doesn't it?"

6) Choose One or More Options:

When the pros, cons, and attached values of each option have been evaluated, the youth must choose to pursue one or more of the options generated. We emphasize -- the youth must choose.

> If the case manager chooses, or if s/he manipulates the youth's choice, the young person will view all activities that follow as the case manager's choice rather than his/her own. The youth will not "own" the decision. Not only will the youth lack commitment because it was not his/her decision; but also, if something goes wrong,

the youth will have an immediate, convenient excuse. The young person can rightfully claim, "Well, my case manager told me to do this, and s/he was obviously wrong. So my failure was the case manager's fault."

The young person may choose one option. On the other hand, s/he may choose several options, each of which can contribute to fulfillment of his/her goals.

When the youth chooses an option, the case manager should ask him/her to describe that option and the ramifications that the youth perceives to accompany that option. Some further discussion may be necessary. When the youth is aware of the realities of what s/he is committing to, the problem-solving process can proceed.

7) Assess Adverse Consequences:

The option or options chosen by the youth certainly carry with them one or more positive outcomes. But they may also be accompanied by some adverse consequences. These consequences should be reviewed, and ways to reduce their effects or eliminate them should be discussed. Actions necessary to address adverse consequences should be included among those in the "action plan" outlined in Step #8.

8) Convert The Chosen Solution Into A Set Of Tasks And Associated Timelines:

Each option chosen should then be translated into an action plan. The plan details, step-by-step, what must be done by each party to assure that the option is achieved.

The case manager works with the youth to generate a sequence of action steps leading to achievement of each chosen option:

» Step 1: First this gets done;
» Step 2: Then this gets done;
» Step 3: Then this gets done;
» Step 4: Then that gets done;
» Step 5: While 3 and 4 are being worked on, this gets done.
» Step 6: We merge steps 3, 4, and 5, -- etc.

Once the steps have been defined, time lines for step activities and completion can be established. The case manager and young person take into account their mutual schedules and conflicting demands to develop a realistic time line for achievement of each action step.

9) Earmark Responsibility For Each Task:

After a series of logically-sequenced actions and timelines have been defined, the case manager and youth negotiate who will handle each action step or aspect of each action step. The "who" may be the young person, the case manager, some other person, or an organization. If other people or organizations are involved, they may need to be brought in to the planning process so that they "own" their part in the process.

10) Implement The Plan:

Implementation means "carry out planned activities." If previous planning was well-considered, everyone involved in the plan knows what s/he is supposed to do, starting when, and completed by when.

The case manager, young person, and other involved parties should have agreed about when implementation should "kick in." The case manager's role here is to assure that each initial implementation step takes place on time.

11) Evaluate Progress Toward Task Completion:

Most action plans require several or even many steps. It is important for the case manager to follow up with each party who has a task to carry out in the overall action plan. This phase of case management activity may be simple. It may involve a few telephone calls here and there to remind key players about their commitments.

On the other hand, this phase may prove more complex. One or more players may have "promised the world," but don't deliver. In these situations, the case manager may have to prod, cajole, remind, or even "nag" individuals to carry out what they promised.

12) Revise Plans As Necessary:

The case manager should never forget "Murphy's Law." Regardless of how solid a plan of action appears when first developed, something will go wrong. The strategy will require revision. As actions on the part of various parties take place, there will be "glitches." The case manager should have his/her "antennae" out -- looking for unanticipated problems. When they do arise, the case manager must be ready to bring the youth and other parties together, and to initiate new "problem-solving" processes.

CHAPTER 7
HOW IS AN INDIVIDUAL SERVICE STRATEGY DEVELOPED?

THIS CHAPTER WILL ENABLE THE READER TO:

- » discuss the purpose of an individual service strategy , and the ways in which it flows directly from goal-setting;
- » list the essential elements of a service strategy; and
- » analyze the case manager's role, the young person's role, and the roles of other individuals, in developing the service strategy.

Thorough assessment and goal-setting set the stage for development of a comprehensive service strategy. The purpose of the strategy is to bring about change that moves the young person toward his/her goals and toward long-term employability.

A well-formulated service strategy is:

- » a written, strategically-sequenced series of actions;
- » on the part of, and mutually developed by, the youth, the case manager, and other individuals;
- » that, through coordinated actions of all;
- » capitalizes on the youth's strengths and overcomes his/her deficits;
- » on the way to meeting the youth's goals and the agency's goals;
- » while allowing the youth to experience regular wins enroute.

The case manager works as a partner with the young person to plan, to set goals and objectives, and to undertake a systematic process of meeting them. How goals will be translated into changes, through what means, and over what period of time, are tough issues that must be addressed and pinned down in the strategy.

As much as possible, the specifics -- the when, where, what, and who -- must be understood to the nth degree:

- » Which goal or goals does the young person want to tackle first?
- » What is the young person willing to do to achieve his/her goals? Are goals and perceptions of him/herself realistic? How will they affect the strategy?
- » What services or resources are needed to achieve the young person's goals? How long will it take to satisfactorily complete each service?

» Who else plays a role, and how?

» How will goals be broken down into "bite-size" objectives of varying degrees of difficulty?

» How will progress toward goals be measured?

» What rewards, incentives, or celebrations can be incorporated into a service strategy to acknowledge achievement of goals?

HOW DOES ONE MAKE THE TRANSITION FROM PLANNING TO ACTION?

Working from goals, the case manager assists the young person to define areas in which the young person can personally "take the ball," and/or for which services or resources would prove helpful.

If a young person has approached a case manager with a problem, the process of identifying needs may prove fairly simple because the youth has already acknowledged that s/he requires help. In such cases, the case manager's role may be limited to clarifying and defining the need in clearer terms and discussing available options that address that need.

However, when the impetus for a service or resource arises with the case manager rather than with the young person, the case manager needs to demonstrate that the service will help the youth move toward achieving one or more goals, and the young person must concur. The list of goals and needs is complete and accurate only when both the youth and case manager agree.

WHAT IS THE ROLE OF OTHER PLAYERS IN THE PLANNING PROCESS?

Traditionally, human service agencies develop service plans that focus on what their particular agencies will do to or for the youth. Often the goals sought are those of the agencies, and may or may not reflect the youth's personal goals. In these institution-driven systems, it is rare to involve other agencies or the youth's family actively in development or implementation of the plan.

Typical plans tend to be slanted toward "serving" the youth rather than giving him/her increasing responsibility for, and power over, his/her plan.

A client-driven service strategy ought to be different. It should be far more than a description of what one institution alone will do. Rather, it needs to acknowledge that the typical at-risk youth can do some things for him/herself. It needs to acknowledge that the young person may have not one service need, but many.

It is quite likely that more than one institution or discipline will be involved. The plan ought to recognize that parents and/or significant others may play a key role in a young person's ability to move forward with his/her life. The strategy ought to support the young person's efforts to take control over his/her life.

The service strategy should synthesize the youth's strengths, goals, barriers, and other assessment findings. It should set out a personal, interagency, and interpersonal strategy of activities that enhances the youth's strengths, improves areas of difficulty, and moves him/her toward self-sufficiency. Because service planning reflects more than just the efforts of the case manager and the youth, it may involve more than starting at the present and looking toward the young person's future. There may be some issues of the past attached.

A young person may already be on someone else's caseload, and already have a service plan at another agency. This is a crucial piece of information! A youth should be case-managed by only one person at a time. If such duplication does occur:

- The young person, case manager, and individual(s) who created a service plan at another organization should communicate together and agree upon a plan of action.
- The youth may wish to choose who will be his/her primary case manager.
- It may be that the other agency's plan takes precedence, and that the other agency should be responsible for case managing the young person. Or the other agency may be happy to relinquish responsibility for case managing the young person.
- Regardless, the case manager who has become aware of the duplication can perform a vital service by working with the youth and with professionals at other agencies to pull together existing service plans into a single, comprehensive plan or strategy.

The case manager is in a unique position to do this. His/her multiple-institutional focus brings with it critical elements that each institution can use to improve its own intervention, but wouldn't otherwise know about (i.e., Bill will be attending an after-school recreation program, so if you plan to schedule him for afternoon counseling sessions, you'll leave him with a conflict. Recreation will probably win out. Before you act, we should talk.).

Inherent in this process is the task of reaching agreements with institutions as to how they will coordinate operations with, or even transfer authority over a youth's case to, the case manager. This process takes time, especially if the youth's case plan is complex. It may involve a number of meetings, planning sessions, and phone conferences. If well negotiated, the case manager can coordinate development of a "master plan" that is accepted by everyone involved.

WHAT IF THE YOUTH DOESN'T WANT TO BE SERVED BY OTHER INDIVIDUALS?

In many cases, achievement of one or more of a youth's goals will eventually require services provided by other institutions. The commensurate "transfer" of a youth to somebody else may be accompanied by upset -- elements of rejection and anger. After "baring his/her soul" due to the personal contact and rapport inherent in his/her relationship with the case manager, the youth may not want to "lose" that support. In other cases, the youth may interpret a referral as a loss of status, power, or relationship. In still others, the youth may feel insecure about establishing new relationships.

To minimize the trauma associated with a process that will eventually involve referrals, the case manager should give advance notice to the young person that it may become necessary for someone else to assist with aspects of the youth's goals. Equally important, the case manager should make it clear that regardless of where or to whom the young person may eventually be referred, the case manager will be available, will stick by him/her. Hence, a referral will not really be a "transfer" that removes the case manager from the picture. Rather, it will involve bringing in an additional person or group of people.

SHOULD A SERVICE STRATEGY BE BASED UPON "THE IDEAL" OR "THE REALITY?"

A well-formulated service strategy starts from the ideal, but moves quickly to the real. Initially, and only initially, a case manager should define a strategy that is ideal. That is, the strategy should not be built only out of known and accessible resources, but rather should be built out of the particular needs of the youth. This process of idealizing serves two purposes:

» It avoids the "one size fits all" process of service planning that so often characterizes categorical service delivery systems (i.e., "No matter what the problem is, we give one 50-minute counseling session each week."). Case managers ought not be bound by thinking solely about how to get what exists to clients. They ought to be encouraged to think as well about what should exist.

» It creates, if captured, a data base that can "red flag" community needs and gaps in services. Case managers have an important role here. They need to inform community leaders not just about what services youths are actually receiving, but also about those they are failing to receive.

The cautionary note tied to this ideal approach is that, although the case manager may help develop an ideal strategy, s/he should either represent such a strategy to the young person as "ideal," or should only describe those services to the young person that are, in fact, real. The young person should not be led to believe that the "ideal" exists or be given promises that cannot be delivered upon.

In other words, the young person needs to be informed, up front, that the strategy development process starts with the ideal, then moves toward the real. It's important to "dream," but then the dream must be merged with the real world. Unrealistic expectations must not be raised by the case manager.

HOW SHOULD SERVICES BE SEQUENCED?

Young people who are deemed "at-risk" often face so many complex, intertwined issues that one of the most difficult tasks in developing a service strategy is knowing where to start.

Amidst the admirable zeal to help them get everything they need, the case manager must remember that s/he is not dealing with super-beings. Although three scarce, much-needed services may miraculously have slots open up at the same time, the case manager must resist the urge to link the youth with all three services at the same time. A service strategy that attempts to address simultaneously a group of complex issues will probably fail. A well-conceived service strategy sets priorities and sequences needs.

> If a service strategy dictates that two or three issues get handled at the same time, it must have considered the amount of time required to address those issues, and the pressure that might be put on the youth.
>
> In most situations, the strategy should acknowledge that one or two issues may be handled immediately, but others must be "put on hold."

In either situation, case managers have to remember that their job is to help each young person fulfill his/her goals in a realistic, manageable way. And it is important that each young person realizes that not all issues must, or even should be, tackled at once.

> Typically, a case manager and youth first consider fulfillment of primary needs such as food, clothing, shelter, and health (Maslow's Needs Hierarchy). At times these needs will be handled with temporary solutions until a long-term solution can be implemented (such as helping a homeless youth gain access to a temporary shelter for a month while s/he starts a job and can generate enough income to pay for more permanent housing).
>
> Following primary needs are crisis intervention needs. These usually represent issues that are so pressing that other work can't be tackled until these issues have been addressed.

For the balance of the planning process, the case manager and young person negotiate a logical sequence for the remaining services and activities necessary for the youth to achieve his/her goals (i.e., Maybe we should arrange child-care before we get you a job, so that taking care of your daughter doesn't regularly interfere with your work schedule.).

As part of the planning process, the case manager and youth should agree upon which needs will be tackled up front, which later, and when. There should also be an acknowledgement that some "try-out" may be necessary. The youth may think, up front, that s/he can handle a particular service load. But after a few weeks, s/he may find that load to be unbearable. The service strategy should be flexible enough to allow for appropriate changes in such situations -- and they are not uncommon.

HOW CAN THE STRATEGY BE USED TO PROVIDE THE YOUTH WITH "WINS?"

Because many young people experience life as a series of random events, it is especially important that the service strategy be predictable and offer them ample opportunities for regular successes. Each sequenced step should incorporate related smaller steps that have regular, anticipated "wins" attached so that the youth sees that his/her actions lead to tangible results.

It's tough for young people to pursue long-term goals that have no periodic "completions" attached. Each youth should be able to see where s/he is going, attain a regular sense of achievement, and celebrate those achievements. These celebrations do not have to be elaborate. They just need to acknowledge -- clearly, and among those individuals whose "strokes" are important to the youth -- that s/he has done something special.

HOW CAN THE SERVICE STRATEGY FACILITATE ACCOUNTABILITY?

A service strategy needs to be specific in its expectations. It educates the young person to the reality of his/her situation, and calls upon him/her to be accountable for his/her actions over the long term -- something s/he may rarely have been called upon to do in the past.

Simultaneously, the strategy development process involves informing the young person about the nature of individual and system change. Both are cumulative, developmental processes rather than single events. Short-term objectives are building blocks for the attainment of long-term goals. It is important when negotiating a service strategy that the case manager tell the youth the truth about available resources. The case manager should not promise what s/he cannot deliver. S/he should emphasize that -- like the young person -- s/he operates within an environment constrained by resource scarcity and bureaucratic rigidity, and that no magic wand can be waved to produce instant transformation. Real change and results can only be brought about through individuals coming together, pooling their energies, and collaborating around a common plan of action.

HOW SHOULD THE YOUTH'S OPTIONS BE CHOSEN?

The case manager will receive the most cooperation from a youth if the service strategy translates the youth's goals, problems, or needs into a selection of resources, programs, activities, or service options from which the youth can choose.

For a youth to make an informed decision about services and resources s/he needs, the case manager should discuss each option in detail before entering a decision into the strategy. This discussion might include factors such as:

- the types of resources or services available;
- how they relate to the young person's goals;
- what makes each option unique -- pros and cons;
- the cost of each option, if any;
- the location of and transportation to each option;
- the schedule of each option;
- appropriateness of each option to the youth;
- the age group(s) served;
- available slots/enrollment availability;
- the time involved in completing each option;
- the reputations of the providers of each option;
- eligibility requirements; and
- whether the provider speaks the youth's primary language.

After reviewing available options with the young people under his/her wing, the case manager must let each youth decide whether s/he wishes to pursue any of the options that have been presented; and if so, which one(s). Youthful participants are far more likely to carry out their end of a strategy to completion if they feel that it was their own decision. Lack of this personal sense of control reinforces the unhealthy attitude so common among at-risk youth that their lives are controlled by outside events and influences.

CAN SERVICE STRATEGIES BE CONVERTED INTO CONTRACTS?

To enhance accountability, the case manager and youth may eventually wish to negotiate a formal, written agreement -- a "contract" -- that governs what each promises the other. Inherent in the contract should be agreement about what happens if the strategy falls apart or if the contract is broken. Tasks must be written down, and time lines established. Ambiguity must be replaced by meticulous delineation of mutual roles. Room for misunderstanding and recrimination must be reduced.

This very specificity may make the service strategy threatening. It almost begs the young person to agree to, and to say, what the case manager wants to hear. The youth may say things that imply buy-in, but may not view the agreement with the seriousness that the case manager would like. Or because the youth feels loyalty to the case manager, s/he may say things s/he doesn't really mean because s/he doesn't want to let the case manager down.

The case manager, therefore, needs to proceed cautiously -- making sure that the young person is speaking truthfully, and that s/he feels ownership for every aspect of the strategy. The youth should feel that it is his/her strategy, and that s/he is empowered to carry it out. The case manager must also be careful not to cut corners to get the young person to buy into the strategy. The youth's sense of what is good for him or her must be married to the case manager's view of what is feasible and appropriate.

CHAPTER 8
HOW SHOULD AN INDIVIDUAL SERVICE STRATEGY BE IMPLEMENTED?

THIS CHAPTER WILL ENABLE THE READER TO:

» list a series of steps that a case manager should take to refer a young person to a service, and to assure that the young person is enrolled in the service.

No matter how well-conceived and elegant a support strategy looks on paper, translating it into practice determines its ultimate effectiveness. One of the primary steps in the implementation of the service strategy may be called "linking."

Linking implies building connections: between young people and institutions, and among the institutions themselves. At its best, linking is more than just "referral" and even more than getting a young person the services that happen to be around. Done well, linking involves helping the youth access the services that s/he needs, and making sure that s/he completes those services.

WHAT ARE KEY CASE MANAGER FUNCTIONS IN THE LINKING PROCESS?

a) Being a communicator:

The case manager needs to be a central communication point that can be counted upon to inform the various actors of their parts in the service, give them appropriate background information, and keep them aware of changes in portions of the service strategy.

> For example, some institutions may care little about all the results of an assessment. They may only want to hear about information pertinent to "their segment." They may have little motivation to buy-in to a comprehensive plan, except on an as-needed basis. An institution providing day care for the child of a participant does not require detailed knowledge of the participant's academic progress.
>
> On the other hand, some institutions may want to know (and perhaps ought to know) "everything." A service strategy calling for a community agency to provide drug treatment may require a full discussion of background, an understanding of all of the facets of the service strategy, and a detailed "who is going to do what" discussion.

These examples are pointed out because we do not want to seem to be encouraging inter-institutional communication or collaboration for their own sakes.
Case management systems should be inclusive and collaborative, but within reason.

Meetings, case conferences, and information sharing are often vitally important, but there is a virtue in simplicity as well. We do not want institutions to see a case-managed young person as one whose situation is automatically bogged down in endless meetings and processes. Reaching a balance between simplicity and inclusiveness will take time, but will be greatly aided by honest discussion between institutions.

b) Identifying missing services:

The case manager is in a unique position to identify gaps in a youth's service strategy and in the community's service system.

On the client end, the case manager's cross-institutional approach gives him/her the regular opportunity to be the one professional who has a comprehensive picture of what all organizations are doing with a youth. The case manager may see glaring omissions in a young person's service strategy (i.e., "We are addressing three of Cheryl's needs, but this fourth key piece seems to be missing. Without it, the other three interventions may fail.").

On the institutional level, the case manager's ability to work across institutional boundaries also offers the opportunity for him/her to observe system-wide patterns in service voids that need the attention of community leaders (i.e., "Mary's little boy needs child care. So does Rodney's. And so does Angie's daughter. But, as always, there are no slots in infant/toddler-care programs open to any of them. This is the ninth time this has occurred in the last two months, and there's not much sense in putting them into education programs until their babies have appropriate child care."). Armed with such information, the case manager can be a stimulus for institutional change, and/or for the redirection of funds to fill service gaps.

c) Convening the players:

The case manager serves as a bridge between government-supported programs, the school system, the courts, and other community service agencies. This bridge rarely exists in most communities. The case manager convenes key actors, including the young person and significant others, to create a consensus around a plan. Commonly this process occurs in "case conferences" -- meetings of all key individuals involved with a young person's case.

d) Connecting the young person with services:

Linking involves "referring;" however, when a referral is made without linking, the youth often never even shows up for his/her appointment. If s/he does make the connection with the outside institution, s/he is left unsupported in the hands of an organization that may or may not provide the service that was desired. In contrast, referrals tied to linking incorporate a well-forged connection between participant and institution that will be strong enough to be effective.

Likewise, linking involves "brokering," but is not limited to brokering -- or at least it has different connotations. Brokering alone implies a wheeling and dealing process through which the case manager makes special, one-time deals on behalf of each youth, and/or "works the system" on behalf of that youth.

Case managers will definitely need to broker on behalf of their clients. But we strongly encourage a system wherein the "deals" are not made on an ad hoc, client-by-client basis. Case managers may have to be trail-blazers, but they ought not to have to blaze the same trails over and over again. Every time that a case manager has to broker, has to work the system, has to call in a favor for a young person, management should translate that task into the need for an institution-to-institution discussion.

In the best of situations, case managers do service strategies hand-in-hand with representatives of the institutions that will carry out those strategies. In such an ideal model, the function of linking is a fairly simple one. Because service providers have been intimately involved in assessment and service planning, they would quite naturally support the results of assessment and the service planning. In this ideal scenario, the move to linking -- the carrying out of that plan -- would be a smooth and natural transition.

However, the real world is far from ideal. More often than not, assessment and service planning may not involve the designated service institutions. In the real world, the case manager must work hard to bring in those institutions and must struggle to help the young person access needed services.

The linking process is usually complex, and may take many forms. If formal interagency agreements have been developed, linkage may be largely a paper process. When effective interinstitutional agreements have been made, a case manager can more easily make effective linkages. The sequence of steps that follow represents an ideal process for insuring that a youth gains timely access to the services s/he needs at other agencies (Of course, some case managers will be constrained by large caseloads and will lack the time to follow this strategy in its entirety. However, they should use as many of these steps as possible, since each will increase the effectiveness of the linkage.).

e) Making linkages:

The case manager should use every opportunity to give the young person a chance to demonstrate initiative and develop competence, while correlating demands to the skills and readiness of the individual. And like a parent helping an adolescent achieve maturity, the case manager's relationship with the youth must be a dynamic and shifting one, sometimes requiring hand-holding, sometimes caring yet stern lectures ("tough love"), sometimes nagging, sometimes a gentle push to take risks and "go it alone". The choice of high-support versus low-support referrals must be made on a client-by-client basis.

A common mistake early in the referral processes occurs when the service provider assumes that the automatic way to obtain a service for a youth is to provide the name of an institution, a contact person, and a phone number; and then to leave it to the youth to make contact with that person or institution without further support. Usually this strategy is used with the admirable goal of making the young person "stand on his own two feet" or "become more self-sufficient." This is fine with some young people, and disastrous with others. During the initial stages of a case management relationship, this strategy rarely works.

Before "making a referral," the case manager should determine how much the youth can do for him/herself. For example:

- In a high support situation, a case manager may make all arrangements, accompany a young person to whatever appointments are necessary for the referral to "stick," and do a lot of hand-holding to get the young person comfortably settled in the service to which s/he has been "referred."
- In another high support case, the case manager may make a phone call, introduce the youth's situation to a known person at another organization, and then put the youth on the phone to schedule the appointment.
- In another case with lessening support (moderate support), the case manager may prepare the young person to handle an entire call, and then have the youth place the call while in the case manager's presence.
- In a lower support situation, the case manager may say, "Here's the phone number of the person we talked about. Call her tomorrow and let me know how it went."
- In a low support situation, the case manager may say, "Here's the phone book. Do like we talked about Monday and let me know what happens. Good luck!"

We recommend that low support referrals be phased in over time as the case manager teaches the young person how to do case management for him/herself...how to obtain needed services with gradual reductions of professional assistance.

f) Preparing the young person for the linkage:

Youths who need high or middle support benefit from pre-referral preparation. Before linking a youth with a service option, case managers can take a step that helps to minimize referral-related trauma by "keeping things personal." When possible, case managers should be personally conversant with the persons to whom they make referrals. This insures that the youth is given a personal referral, cuts through red tape, and facilitates service delivery.

Ideally, in such a situation, a case manager can say, "I've got a friend whom I want to introduce you to who can work with us to get what you want." Also effective, the case manager can call upon his/her knowledge of an institution and say, "I'm going to set you up with an appointment at Agency X. I've used them before, and I really recommend them. They've done a good job handling issues similar to yours with several other folks I work with."

The case manager can describe what will probably happen when the young person first visits the institution providing that service. This step reduces fear of the unknown, provides the opportunity for the young person to ventilate feelings of anxiety or frustration, and allows time to identify and consider difficult pre-linkage issues in a rational manner.

It may be helpful for the case manager to review:

- » questions that might be asked during the first contact appointment which the youth should be prepared to answer;
- » forms of identification, and other documentation that the young person might be advised to take to the appointment (and, if necessary, where to get these); and
- » outcomes that might be expected from the appointment.

When the youth and institutional contact have agreed upon an appointment date and time, the case manager should make sure that the youth writes it down, and should enter it into the service plan strategy. If this step is left to the youth's memory, the appointment may be forgotten.

Similarly, the case manager and youth might discuss how the youth will get to the appointment on time. If the building at which the young person will be arriving is a large one, the case manager might discuss where in that building the contact person is located. If the case manager senses that the youth's navigation skills are inadequate, the case manager might arrange for somebody to accompany the youth to the appointment.

The case manager should request that the young person call him/her immediately after the appointment to let him/her know how it went. The case manager can then elicit the youth's feelings about the process. Very often, a youth will respond vaguely to open questions such as "How do you feel about being referred?" It may be helpful for the case manager to break that question down into sub-questions such as:

- » What do you like about what we're doing?
- » What don't you like about what we're doing?
- » What concerns do you have about your appointment?

g) **Providing pre-appointment reminders:**

In high support situations, the case manager might contact the young person on the day before the appointment to remind him/her about that appointment. This step also serves as an opportunity to address any last minute misgivings or questions which may have cropped up since the appointment was originally discussed. It is also advisable to remind the youth that s/he should phone the case manager immediately after the appointment.

h) **Following up after the appointment:**

If the youth fails to call the case manager after an appointment, the case manager should call the youth. The case manager should also call the institutional contact person. By calling both, the case manager can:

- confirm that the young person attended the appointment;
- identify what transpired at the appointment through the eyes of both parties;
- determine what the youth's next steps are, whether the case manager's support is needed in their implementation, and whether a revision of the service strategy is called for; and
- take corrective measures (such as rescheduling) if the youth did not attend the appointment as planned.

CHAPTER 9
HOW SHOULD CASE MANAGERS FOLLOW UP ON CLIENTS?

THIS CHAPTER WILL ENABLE THE READER TO:

» describe steps a case manager can take to assure that a young person manages to successfully complete a service or program.

Once a young person has been successfully placed into a program or service, the case manager follows up on that placement to:

» assure that needed services are being provided;

» verify that the service strategy is being properly carried out, and to what effect;

» assist with problems that crop up; and

» maintain the relationship between client and case manager.

On the surface, follow up appears to be fairly simple. Sometimes it is simply a yes or no question about the delivery of a non-complex service (i.e., "Is the youth's child in day care?").

Yet, even in the simplest of examples, the question of "to what effect" can be complex ("Yes, the child is in day care, but what effect is that having on mother's school attendance and performance? We thought that day care would begin to solve the problem, but has it?").

Effective follow up, therefore, can be seen as having several levels of inquiry. For example:

» The factual yes or no questions -- Is the service being received? (Followed by the sometimes less easy question of why not?)

» Is the service having the desired result? (i.e. "Has the provision of child care improved school attendance? Has tutoring improved class performance?")

» Does the service seem to be sufficient? ("Now that we have begun to clear up the problem that we originally sought to address, what other needs have surfaced?" The tutor suspects that the child is learning-disabled. The child care center sees a need for parenting classes.)

In addition, follow up should be addressed to both the service provider and the young person. For example, a young person may not tell the service provider how s/he feels about the service because there is no personal relationship there during the early stages of service. However, the young person might be willing to share this information with the case manager with whom s/he already has rapport.

If done correctly, follow up leads inevitably to either a conclusion that the service strategy is sound, or that it needs modification. The conclusions reached through follow up bring the service delivery process back through a modification loop: Was the assessment sound or did we miss something? How does the initial service strategy look now, given our experience? Were the linkages firm? Did we choose the right program?

No one should be surprised when, despite good intentions and all due care, the initial service strategy fails. Indeed, it probably will. Young people, their families, even professionals need to be reminded that human service is less than an exact science... that the initial service strategy involves "trying out some things."

Case managers should assume that the service strategy will need to be reviewed regularly and adjustments made accordingly. It may be necessary to revise the strategy a number of times. Causes for lack of fulfillment of service strategies vary. Some may be due to a poor choice of placement, while others may be caused by an inadequate program. Some may stem from unanticipated problems, others from a poorly conceived strategy, and others from an overly ambitious agenda.

WHAT IS THE CASE MANAGER'S ROLE IN THE FOLLOW UP PROCESS?

The case manager should try to keep the youth, family, and agencies focused on the goals of the strategy. New problems will come up and be diverting, but the case manager must try to keep everyone focused on the agreed-upon strategy (If the "new thing" is so overwhelming that it renders the strategy obsolete, the case manager should call for a new strategy.).

The case manager also makes it clear that the strategy will be monitored, explains how it will be monitored, and defines how those involved will reach conclusions as to progress. It is important that the case manager not set him/herself up as the sole judge of how well or poorly things are going. All participants, most notably the young person, need to have a role in reaching these conclusions.

In collaborative service delivery, "**case conferences**" are a common means by which progress or lack of it is reviewed. The case manager may set up periodic and ad hoc meetings that involve the people "in charge" of the client's services at each institution.

At times, it may be appropriate for the young person and even a family member to attend this meeting. The "case team" reviews the service strategy, shares information, solves problems, and revises plans as necessary. While it is impractical to establish this kind of structure for all clients, case conferences are a valuable process for the most involved situations.

As with service planning, it is important to develop a system wherein the aggregate results of "follow up" are useful in informing community leaders about service successes, failures, and gaps. In discussions with participating agencies, case managers need a process for informing agency management of problems noted in service delivery. When problems appear, management should seek first to work out the difficulties agency to agency. Only those problems which cannot be effectively dealt with in this way, following a serious attempt to work it out, should be brought to higher levels.

WHAT ADVOCACY FUNCTIONS DOES A CASE MANAGER PROVIDE?

Advocacy differs from many other case management functions in that it is not made up of a set of specific activities. Rather, advocacy is an attitude, a philosophy, a way of approaching service that runs through all of the other functions.

A case manager is an advocate when s/he includes the young person, family, and significant others in the case management process. A case manager is an advocate when documenting both an ideal service strategy and a more immediate one. A case manager is an advocate when informing community leaders about system needs.

Advocacy may sound easy and nearly everyone serving clients says that they do it. But it is difficult to do well, particularly when attempting simultaneously to forge good working relationships with established institutions. The key is finding an effective balance somewhere between rabidly and loudly charging that all school officials are anti-disadvantaged people (or anti a particular person), or meekly whispering that a young person may perhaps not be getting quite enough attention.

There are few solid rules on doing advocacy. To some extent it is an art as opposed to a science. However, several words to the already wise may be in order:

» Case managers need to THINK about how to advocate in a particular situation. "Is this one where I 'kick it to the administration?' Might I better speak directly to the staff person involved? Do I really understand the eligibility rules that I think are being misapplied?"

- Case managers should know, specifically, what they want to achieve. It is far more effective to take the position that a young person should receive tutoring in a specific subject than it is to complain that he is not learning. It is more effective yet to know where the tutoring can be had, at what cost, and whether the young person is eligible.

- Supervision can be extremely helpful in developing an advocacy strategy. Case managers, like all caring service providers, can get too close to a situation and will find it valuable to bounce a situation off a supervisor. In some instances the supervisor might be familiar with a similar case that was handled effectively in another setting, or may know of recent policy changes that effect the situation.

- It rarely helps to take the "good guy" role -- to posture about one's level of concern for clients versus a supposed adversary. In fact, in all but extreme situations, being an adversary usually fails. Perhaps the most effective advocacy happens when the parties one is working with do not even know that one is wearing an advocate hat.

- Information about patterns in the need for individual case advocacy must be compiled if institutional change is to occur. Waivers of policy, exceptions made in a single case, calling in a favor, may help a particular youth, but they do not create lasting change. A pattern that shows an inordinate, repeated need for advocacy to obtain a particular resource may serve as a strong stimulus for institutional change if the case manager calls attention to the pattern among community leaders.

CHAPTER 10
HOW MIGHT CASE MANAGERS FACILITATE CLIENT INDEPENDENCE?

THIS CHAPTER WILL ENABLE THE READER TO:

» explain why "client dependence upon case management" and the goal of "self-sufficiency" are the antitheses of each other; and

» list steps case managers can implement to help young people take increasing responsibility for carrying out their service strategies.

The umbrella outcome sought by many human service agencies for their clients often falls into one of the following categories:

» long-term employability;
» significant reductions in dependence upon human services;
» self-sufficiency;
» self-actualization; and
» capacity for independent, healthy living.

Too often, in their zeal to help young people, case managers try to do too much and leave their clients doing too little. This creates a dependency relationship that hinders achievement of the outcomes listed above.

A long-term goal of case management should be that each young person will eventually no longer need case management. The case manager can best facilitate this process by placing more and more responsibility on the youth's shoulders as time passes.

The amount of support provided to any young person should be gauged by the questions, "Where is this person now?" and "How much responsibility can s/he take?"

Some youths can handle a great deal of responsibility while others can't. Those who can tackle challenges should be "given the ball and told to run with it." With others, the case manager may wish to start out providing high support. Then as the case manager gets to know the participant better, it may become clear that s/he is capable of handling some aspects of the service strategy that had previously been part of the case manager's role.

This "weaning" process involves verbal support, some education, some role playing, and any of a number of other techniques. It also may require regular revision of the service strategy. Eventually, each youth should be ready to move off on his/her own.

The key thought here is that case managers shouldn't assume that their clients are all helpless or dependent people. It's far too easy to fall into this trap.

What follows is a checklist of questions that case managers should ask themselves periodically:

» Am I making all contacts for my clients?
» Am I making all appointments for my clients?
» Am I making things too easy for my clients?
» Am I making the decisions?
» Is this what my clients really want, or am I filling slots?
» Do I allow clients to explore their resources?
» Do I have too much contact with clients?
» Do I put words in clients' mouths?
» Do I encourage clients to come up with their own ideas?
» Do I allow my clients to fail? (and to learn from failures?)
» Do I feel like a failure if my client fails?
» Do I encourage clients to think that I am their only resource?
» Do I praise successes and give "pats on the back?"
» Do I encourage growth?
» Do I ask open-ended questions?
» Do I make myself aware of any changes my clients exhibit?
» Am I too friendly and overly sympathetic?
» Do I encourage clients to suggest solutions to their problems?
» Am I mad or pleased when clients do something on their own?

- How do I feel when a client is one step ahead of me or his/her plan?
- Am I doing all the work?
- Do my clients do what's required without reminders?
- Do my clients call to set up appointments? How often?
- Are my clients exhibiting increasing "Internal Locus of Control?"
- Do I provide appropriate information so clients can make contacts and take responsibility for themselves?
- Do I constantly tell my clients what they should do?
- Do I ask questions instead of making statements? (Do I facilitate instead of give information?)
- Do I design the client's individual service strategy?
- Do I enable the client to experience frequent wins?
- Do I ask myself, "What can this client do on his/her own?"
- Am I intimidating?
- Do I encourage clients to explore?
- Are short-term goals becoming less frequent and more intense as the client's plan progresses?
- Who initiates communications during follow up?
- Do I offer clients reflection time?
- Do I provide strokes when a client exhibits independence?
- Do I use motivational materials to assess client progress?
- Do I provide "the answer" or do I introduce the means through which the client can find his/her own answers?
- Do my clients show initiative and assertiveness with me?

» Do I constantly find myself reminding clients of their responsibilities?

» Do my clients demonstrate ownership of their service strategies?

» Do a significant number of my clients call me about petty issues?

» Do my clients drop in often?

» Do I listen with my heart and act with my head?

» Do I always walk clients through each activity?

» Do I do all the talking?

CHAPTER 11
WHY IS A FORMAL SYSTEM NECESSARY TO SUPPORT CASE MANAGEMENT?

THIS CHAPTER WILL ENABLE THE READER TO:

- analyze why "ad hoc" approaches to case management usually fail;
- describe why serious collaboration among local and state institutions is crucial, and define "serious collaboration" and its ramifications; and
- explain why formal, interinstitutional case management systems need to be developed.

To achieve "self-sufficiency," many young people will need timely access to the resources of a variety of organizations.

Unfortunately, it is nearly impossible for case managers and young people to regularly gain timely entry to needed resources on their own. This is because each organization has its own institutional agenda, target groups, service schedules, and regulations. Individually or in combination, these factors represent some of the most difficult barriers to integrated services.

What is really needed is an integrated, interinstitutional system that supports case managers -- empowering them to "requisition" services and resources across institutional boundaries, making "slots" quickly available upon their request, and providing services that fit each youth's unique needs.

For such a system to be possible, a powerful group of community leaders needs to support case managers by cajoling, recommending, helping, and sometimes even forcing organizations to fashion joint agendas.

Leaders must push organizations -- their own and others -- to reduce artificial barriers created by their organizationally-driven agendas, target groups, service schedules, and regulations.

Formal interinstitutional partnering strategies in support of case management are a must if case management is to be effective.

WHY HAVE TRADITIONAL CASE MANAGEMENT APPROACHES FAILED?

Agencies in many communities offer "case management;" however, among nearly all of them, case managers "broker" services among institutions on an ad hoc basis. These models assume that a savvy case manager can regularly "break" local bureaucratic systems. Their case managers' efforts are rarely supported by interinstitutional agreements or by help from those "on high." Rather, case managers are expected to use personal wherewithal to advocate for each youth and to broker services on their own.

> There are some rare instances in which an entrepreneurial case manager succeeds at developing personal contacts at organizations to which s/he regularly needs to refer young people. When those efforts pan out, the case manager can call somebody s/he knows personally and obtain privileged admission to a program. It has also been demonstrated historically that the best case managers have found ways to communicate and negotiate with their counterparts at several other agencies in ways that enabled them to broker needed services for young people.

Another common ad hoc approach that has produced mixed results involves hiring a staff-person to support case managers in the role of "resource broker."

> In this model, case managers are not burdened with the responsibility of developing inter-agency agreements. Rather, the broker secures service slots in a manner similar to what is done by "job developers" seeking employment slots from businesses. When a case manager needs to link a youth with another institution, s/he asks the resource broker to locate and obtain an appropriate slot.

These ad hoc strategies succeed sometimes. They work when the best staff have or take the time to swim upstream. They succeed sometimes when personalities click. They succeed sometimes for the veterans who know how to work the system. They succeed sometimes for limited numbers of young people.

However, most of the time they don't work at all.

It is far more typical for ad hoc brokering strategies to come up short. Regardless of the title given the person doing them, s/he is usually held accountable for helping young people obtain the services they need, yet lacks authority to assure that other organizations will cooperate.

Ad hoc approaches inevitably leave the case manager in an untenable situation. S/he must fight well-entrenched bureaucracies, often fruitlessly. Resources usually prove inaccessible or are secured only after considerable difficulty.

When the case manager or resource broker in an ad hoc system resigns from his/her job, the personal relationships s/he forged end too; and with them, the ability to access services.

In ad hoc systems, organizations are rarely held accountable for what happens. Case managers get left "holding the bag." They get stuck informing a young person that it may be a month or more until admission to a needed service is possible. More often than not, the youth ends up on a waiting list. When all goes well (a rarity!), the young person endures the delay and eventually receives the needed service. However, it is more common for the youth to "fall through the cracks" during the waiting period.

The hard fact is that if participants are to attain regular, timely admission to services; ad hoc, person-driven, brokering approaches can't be counted upon. They are simply an additional service layer of questionable effectiveness on top of a fragmented, non-accountable system. Patchwork efforts of this sort fail because they do not substantially change the environment in which at-risk youths are served.

WHY IS THERE A NEED FOR FORMAL CASE MANAGEMENT SYSTEMS?

Case management cannot be done on an ad hoc basis. It cannot be a "program" or an additional service layer. Rather, it ought to be a dynamic, coordinated system of programs and services bound together by a network of service agreements, common procedures, joint planning, and shared resources. Effective case management can only come about through mutual agreement of a number of institutions striving for a common goal:

> **to operate a permanent, client-centered system offering a comprehensive mix of services across institutions which is accountable for assuring that each client achieves whatever outcomes s/he needs to reach his/her goals despite possible changes over time in regulations, procedures, or the individuals providing those services.**

A key objective of a case management system should be to empower case managers to "requisition" slots from cooperating institutions, thereby assuring clients appropriate services on schedule.

Case management can and should become an institutionally-authorized force for system change: to foster comprehensive and coordinated service delivery while identifying and correcting system weaknesses. It should stimulate increased service delivery opportunities, options, and attention for clients. It shouldn't just work with available resources. It should raise the question, "What new resources need to be available?"

In summary, it is only through formal institutional ties that:

» case managers can be empowered to help each client access, in a timely fashion, the variety of services across institutional boundaries that s/he needs;

- case managers can effectively advocate for changes in the ways institutions operate because the institutions have mutually authorized case managers to play that role;
- negative side effects of categorical programs can be reduced through documentation of interinstitutional experiences;
- institutions can be held accountable for successfully serving young people; and
- inadequate services, or gaps in services, can be identified and addressed in ways made possible through the mutual power inherent in a group but not always possible through the efforts of a lone person or institution.

This interinstitutional approach to case management is challenging. It requires time, energy, and willingness to change familiar ways of doing business. The pages that follow discuss some key issues to consider and steps to take enroute to forming a collaborative case management system.

CHAPTER 12
HOW DO CROSS-INSTITUTIONAL COLLABORATIONS DEVELOP?

THIS CHAPTER WILL ENABLE THE READER TO:

» describe key aspects of the process of inter-agency partnership development.

A case management system is a form of interinstitutional partnership. Therefore, community leaders who wish to create such a system should be aware of the many lessons that have come out of the partnership movement.

Interinstitutional partnerships are complex, often fragile initiatives. Vision, careful planning, and commitment are needed for success. The process of developing and nurturing a partnership involves many key issues that are explored in this unit: brokering, feasibility, identifying the right players, promoting ownership, meticulous planning, and maintaining the partnership.

This section will describe some of the key lessons that have been gleaned from the experiences of hundreds of interinstitutional partnerships. With these lessons in mind, community leaders will have a philosophical and operational context upon which to base development of an interinstitutional case management system.

WHO INITIATES DEVELOPMENT OF A CASE MANAGEMENT SYSTEM?

Case management systems require the active, enthusiastic participation of the public, private, and non-profit/independent sectors. These partnerships may bring together government employment and training agencies, government departments of social services and public welfare, public high schools, community-based organizations, businesses, local foundations, civic organizations, and others.

With so many institutions involved, tension is inevitable. Collaborative groups of this type don't come together through magic. Rather, they are usually brought together by some person or some group whom we will call the "broker."

> broker ('bro-k r) one who brings parties together
> and assists in negotiating contracts between them
> [Old French brochier to broach, tap a wine cask]

A "broker" may appear through his/her own volition. She/he may come up with an idea for an interinstitutional case management system, and then start recruiting others to talk about it. In other situations, individuals working within the community may decide that an interinstitutional case management system is needed, and may seek out a well-known leader to "carry the flag."

Why is a "broker" needed?

The history of interinstitutional partnerships shows that groups of more than three organizations rarely collaborate effectively on their own. Somebody has to spearhead the effort.

Since cross-sector collaboration is unfamiliar to most participants, the specialized organizations involved must learn to adjust to ways of working that may be generally foreign to their own organizational cultures and structures. They must accommodate each other's ways of operating, learn how each other communicates, and together grope toward the definition of objectives that all partners can accept. They won't do this without leadership.

Agency line staff and managers, agency policy makers, school administrators, teachers, business executives, supervisors, and government administrators tend to start in very different places. They won't find common ground without leadership.

First, assumptions underlying the language each organization speaks will need clarification and brokering. Government-funded agencies tend to care about regulations and performance standards, and each agency has a different set. Schools tend to talk process. Business tends to talk product. Others speak in other languages.

Then, because of differing institutional priorities, objectives, and habits, potential partners may arrive at decisions in different ways. Even seemingly trivial matters, such as the clothes people wear or how they spend their lunch hours, may loom large in a collaborative effort. As expected, there can be considerable difficulty convening leaders whose institutions have not previously worked together.

Most successful interinstitutional partnerships are launched, spurred, or negotiated by an intermediary or "broker." Someone has to play this role -- attracting organizations to come to a negotiating table -- until a permanent interorganizational governance or management structure is in place. Usually this intermediary will be a person whose vision, influence, and tenacity can make things happen. On the other hand, some communities start with a small brokering group of agency leaders (rather than a single individual). Such groups convey the strong message that case management and collaboration are not the unique idea of a lone visionary leader. They also provide a pool of leaders for continuity.

Whether an individual or a small group, the best brokers are "bilingual"; that is, they can move comfortably in several contexts, acting as trusted translators and diplomats. They should be capable of foregoing personal credit in favor of instilling a sense of ownership of the new system among potential partnership leaders.

In the early stages of system development, brokers need to use their official status or personal influence to reach other leaders in the community. Armed with a vision of what is possible, and working usually behind the scenes, brokers proceed to build a group of key resources.

Brokering strategies vary, but the most successful usually involve development of two or more planning groups:

» There must be a high-level leaders planning group with resources, with the power to commit those resources, and with the capacity to set policy.

» There will also need to be one or more task forces of line staff and middle managers to design the nitty-gritty aspects of the system while implementing the policies developed by the leaders planning group.

The amount and type of work these groups must tackle depends upon the scope of the case management system that is being developed.

Over time, the brokering role usually shifts from the original individual or brokering group to the leaders' planning group. However, this shift is possible only after the broker assists in defining the membership of the leaders' planning group, helps bring leaders on board, and assures that new members are thoroughly oriented to the case management initiative.

What are the requirements of a successful broker?

A person or group in the brokering role should possess as many of the following strengths as possible:

» an understanding of case management at the line and systems levels;

» a commitment to the partnership and interinstitutional systems concepts;

» a vision of how the system could improve and what it might look like when operating smoothly;

» an understanding of the JTPA system, the school system, and governmental agency operations;

» credibility among potential partners in government and community-based human services, education, and business, with ability to move in all those sectors;

» fluency in the different "languages" of the various players;

» contacts throughout the community, including local political actors, civic organizations, and neighborhood groups;

» experience with related efforts, or solid knowledge of how they work;

» management and organizational skills; and

» stamina to maintain effort over time as referee, coach, and cheerleader.

How does a broker handle feasibility assessment?

A broker's crucial first step is to check out whether conditions exist for potential success.

The process of developing a partnership across institutions may be compared to a marriage. It includes the stages of courtship (initiated and fostered by a marriage broker), temporary tensions and squabbles, making up, increased loyalty and commitment, and involvement of friends and extended family members. No one should get married and raise a family based merely on societal expectation, sense of obligation, mutual first attraction, a feeling that it seems like a good idea at the moment, or everyone else is doing it.

As in a marriage, the consequences and responsibilities of a partnership should be considered seriously before the knot is tied, because so many personal commitments and expectations, including those of disadvantaged youths and their families, are at stake. The cost of failing, as well as the benefits of success, for youths, agencies, schools, and employers must all be considered before beginning a case management partnership.

A difficult and important responsibility of the broker, then, is to ascertain whether several conditions are present; and if not, have the courage to defer or even to scrap the project. Prior to moving forward, a broker needs to answer the following questions:

» What unmet needs could the case management system address?

» Is there a will among agencies in the community to initiate this project?

» Is private seed money available to offset constraints dictated by JTPA and other public funders?

- » Does a sufficiently healthy local labor market exist to generate jobs for young people?
- » Are cordial relations among government agencies, schools, businesses, and/or other partners possible?
- » Are staff of the Private Industry Council (PIC) and of the JTPA Service Delivery Area (SDA) willing and committed to allow a youth-oriented case management system to do some things differently from adult-oriented employment and training programs?

How do local needs play a role?

Where brokers identified local needs before assembling potential partners, planning could proceed rapidly because the group understood what needs its partnership activities and the resulting case management system could address successfully.

Who should lead the initial stages of the effort?

In the beginning stages of developing interinstitutional systems, leadership depends largely upon individuals committed to collaboration. Over the long term, however, stability requires shifting that enthusiastic support from individuals to their institutions.

Does private "pocket money" play a role?

A small cache of private funds offers flexibility that paves the way for efficient programs and effective communication among partners. Private funds fill budgetary holes, leverage other dollars, and permit leaders to do things that government funding cannot cover.

Can competitors, or even enemies, be partners?

It is folly to attempt a collaborative initiative in the midst of an ongoing MAJOR political battle between leaders, staffs, or agencies. Political instability and significant, active conflict between potential partners prove practically impossible to overcome.

HOW DOES THE BROKER FORM GROUPS OF THE RIGHT PLAYERS?

An interinstitutional partnership needs a core group of high-level leaders from all organizations that control resources crucial to client success.

These leaders need to strongly endorse the mission of the joint venture and agree to share risks and benefits equally. These individuals must be willing to commit slots, people with creative ideas, training, political influence, and ample funds to accomplish the system's mission. In practice, negotiating agreement to work on an equal basis can be very difficult.

How does organizational self-interest fit the scheme?

The leaders' planning group is responsible for determining from which organizations, and from which people within those organizations, the case management system should draw the resources it needs. They must then determine what aspects of the initiative will interest the people and organizations they have recruited. Equally important, the leaders planning group must identify who is likely to feel threatened by the system, and must deduce how that fear can be overcome.

To what extent is commitment a theme?

Fledgling collaborative efforts around the country that have experienced the greatest problems failed to secure strong support from all key players during their earliest days. Conversely, partnerships that have enjoyed consistent success strove to garner and sustain commitment from the outset of planning. Then even successful initiatives found it necessary to continue selling the partnership concept in order to hold the interest and maintain the active involvement of their influential leaders.

These are busy people who regularly have to choose among many competing priorities and who are experts in delegating responsibilities in order to turn their attention elsewhere. The best systems recognize that each leader will need to feel that his/her organization will benefit directly from involvement in the system. They start out marketing their vision in the most positive and encouraging light possible. They continually reinforce the key points and benefits of the collaborative effort so that nobody loses sight of the partnership's fundamental purposes and essential elements. They keep it up. Continuous marketing to new players is an important way to offset the turnover of key players.

Do middle-management and line staff have a role?

Recognizing that no interinstitutional effort can operate successfully if it relies solely upon upper echelon players, the best case management systems seek out energetic, committed players for every level of their respective organizations, right from the start.

What are the qualifications of individuals who will spearhead the effort?

Interinstitutional systems that fail very often do so because they lack coordination by a high-quality staff led by a dynamic executive director.

The following conditions are recommended for choosing an executive director and his/her staff:

- high levels of energy, organization, willingness to take risks, and attention to details;
- ability to communicate and generate confidence in working relationships among participants from various organizations;
- professionalism, adequate pay, and combination of human service and business orientation;
- easy and frequent access to key leaders; and
- commitment to the effort over a period of years.

HOW DOES "OWNERSHIP" RELATE TO COMMITMENT?

Successful development of an interinstitutional system requires commitments that combine leadership with resources, and resources with follow up. Planning time for key individuals, and the continuing loan of talented and determined line staff and managers from various organizations represent tangible manifestations of commitment.

Successful case management systems confirm that sustaining such commitment is absolutely essential for success. All players have to realize that preparing disadvantaged youths for career-long employability or self-sufficiency takes extraordinary effort, patience, and TIME.

In effective interinstitutional systems, partners feel that they "own" the system, and this sense of ownership sustains them through the long hard process.

Senior leaders need to help others join in a collective sense of ownership. The nuts-and-bolts work of collaboration depends heavily upon the skills and motivation of people selected by the leaders from the respective organizations and sectors. Success hinges on when and how these people are recruited, involved, and managed. Their sense of sharing ownership can be developed from several sources:

- early involvement in planning;
- communication of high expectations;
- shared decision-making power;
- fulfillment of organizational needs.

Line staff must be sold on case management and on the interinstitutional system concept. Then they must be asked -- not told -- to take part.

Ownership is best instilled by assigning tasks according to preferences, and by giving line staff opportunities to create their job descriptions and define issues they feel are important.

References to "growing" a partnership appear repeatedly in the stories of effective systems, and cultivating line staff participation offers a good example. Other approaches breed resentment and distrust. Historically, leaders who have thought to prepare the ground, plant the best seeds, and then water and fertilize their growth, produce successful gardens in which line staff carry out the design of the project, and communicate results back to the leaders.

In turn, just as a teacher's high expectations motivate students' achievement, leaders should make it clear that all partners will be expected to become visibly committed to the joint effort. Partners are expected to enlist other partners, appoint capable staff from their own organizations, and demonstrate their personal involvement.

How does decision making relate to power and ownership?

Simple things matter. The leaders' planning group should represent all participating partners and assume responsibility for ongoing leadership. Each member should participate in electing officers, developing system objectives, defining the group's role, hiring staff, and agreeing upon methods of communication and decision making. Although these steps sound obvious, there are plenty of examples of unsuccessful endeavors -- and they usually neglected one or more of these steps. In short, well developed planning and governance structures serve as a vehicle for continued, committed leadership, and survival.

Are organizational needs important?

The fulfillment of organizational needs inevitably proves to be the key reason why institutions will choose to take part in a collaborative effort. When an institutional leader sees clearly that tangible benefits can be realized through energetic participation, s/he will often make collaboration a priority. On the other hand, when benefits to his/her organization are vague or not regularly reinforced, participation in the system will be viewed as valueless. Leaders will be reluctant to participate wholeheartedly.

Besides understanding how participation in a case management system can meet their own organizational needs, partners need to see how it meets the needs of the other partners, needs that sometimes are not immediately evident, or are misleading at first. To avoid faulty communications, someone has to spell out clearly the central reasons for each partner's involvement. Without such mutual understanding, it will be difficult for partners to reach constructive compromises on issues over which there is disagreement. In short, the system needs to be sold through self-interest; partners need to see benefits to their own self-interest and the self-interest of their partners. Incentives have to be shaped for each prospective partner.

HOW DO GENERIC PARTNERSHIP DEVELOPMENT CONCEPTS APPLY TO AN INTERINSTITUTIONAL CASE MANAGEMENT SYSTEM?

Complex partnerships require meticulous planning. Virtually all major operational problems and successes will converge around the fundamental principles of sound planning. Most problems will, in fact, be symptoms of poor planning. Successes will result from effective planning -- a clear vision, measurable objectives, solid implementation, structured communication, and regular evaluation.

Do attitudes play a role in partnership development?

For effective planning to be possible, partners' attitudes toward each other and each other's institutions have to be positive. It may be necessary to begin by overcoming traditional prejudices among various institutions. Because a significant number of individuals involved in developing the system will rarely have worked closely together before (or worse, have previously collaborated unsuccessfully), stereotypes and negative images of each others' institutions may abound.

Therefore, for planning to proceed smoothly, efforts to eliminate attitudinal barriers among institutions need to be undertaken early. Successful systems begin by breaking down the isolation among participants from various involved organizations.

How long does it take to develop a smoothly functioning case management system?

It takes time...and more time. A well-conceived, multi-institutional, case management system may take five years to develop. Partners must expect a long haul before their system regularly achieves, with minimal headaches, the successes envisioned by its creators. Underestimating the time needed to plan and to continue planning throughout implementation, will cause major problems later.

Too often, in the rush to produce a visible product, program planners fail to realize that, by devoting minimal time to up front planning, they are committing themselves to spend inordinate amounts of time later coping with problems that could have been avoided.

Planners should play "devil's advocate" early in the planning process. Anticipating possible problems in advance helps in designing a system that will avoid them. Solving problems later is much more complex when they must be tackled within the constraints, structures, systems, and bureaucracy of an operating system.

Can a well-functioning case management system be developed more quickly? Yes, it can. But leaders must ask, "At what cost?"

If the system is created by people who have a myriad of other duties, they will be buying time here and there to perform system development tasks. Often this time will "come out of their personal hides."

Because development of a case management system is complex, involves significant institutional change, and incorporates creation of many new approaches, it cannot be viewed as a quick answer.

Case management systems can be developed quickly, but doing so will "burn out" the best of players. Since it is these individuals who "own" and are committed to the system, it is not a particularly good idea to burn them out early in the system development process.

In summary, leaders should allow for a long-term planning and system development process...one that spans a goodly number of "contract years."

How detailed and specific should we get?

The complexities of collaboration among diverse groups requires that partners jointly agree upon the system's target population, vision, short- and long-term goals, and implementation strategies. Effective plans will include short- and long-range goals, translated into measurable objectives, which, in turn, can be converted into concrete tasks that specify who will be responsible for what, when each task should be completed, and what level of quality has to be achieved for a task to be considered satisfactorily completed.

The best plans include clear chains of authority. Such frameworks provide for mutual accountability in terms of specific responsibilities, expectations, tasks, delivery dates, and so on. Lack of clarity wastes valuable time. The fewer details spelled out during the planning process, the more staff members will find themselves struggling to keep their heads above water and the more time lost to figuring out how to proceed and to "putting out fires."

How should we firm up organizational commitments?

All key leaders and managers need to substantiate the commitments of their organizations and departments to accomplish the system's goals by signing a public document. This agreement is one of the most critical conditions for a successful partnership. It should be publicized.

HOW DOES ONE PRESERVE THE PARTNERSHIP AND ITS SYSTEM?

Ongoing planning, continuity of leadership, systems for handling glitches in partnership cooperation, and effective use of evaluation enable partnerships to survive and flourish.

During the early stages of effective partnership, implementation and operational tasks reflect the strategies dictated in the partnership plans. As the projects evolve, build momentum, and mature, however, the priorities of several partner organizations may shift. Original visions may need to be adjusted in light of new conditions. Planning, which is often considered to be an up front process only, will turn out to require ongoing attention.

The best interinstitutional partnerships manage to revise their plans by balancing their early needs for clarity with their later needs for flexibility. When up front planning has been thorough, the structures needed to handle these changes -- decision-making, communication, and problem-solving systems -- will help make smooth revisions possible.

Over the long term, the greatest source of frustration to leaders of an interinstitutional partnership will be the turnover of key people. Circumstances such as job changes, promotions, retirement, transfers, corporate takeovers, and other overriding priorities will inevitably eliminate certain key players. Unless this eventuality is planned for, those who took the places of these individuals will not necessarily have the same degree of commitment and dedication to the effort.

Whenever a key player changes, it means that complex, frequently delicate relationships may have to be cultivated anew. It takes time and effort to rebuild interpersonal and interinstitutional trust. The difficulty of the task increases when a new player has to be sold on the partnership or system itself -- where it had already been made a priority of the previous player.

Another kind of turnover occurs where leaders, having confidently sown the seeds of excellent partnership, turn to other tasks or delegate the enterprise to a successor without ensuring that it will remain a priority over the long term.

In all cases, partnerships will drift when leadership is interrupted. The overriding point is that when the leadership changes, the entire social structure must expend enormous energy to adjust to the next leader.

The most effective planning strategies to counteract the difficulties created by leadership turnover are:

- » To groom a replacement well in advance of the departure of a key player. This replacement should understand, long before the turnover occurs, how the system operates and why it is important to support it actively.

- » To develop buffer-relationships with groups that form policy for the partnership. Recognizing that a key player may leave, who surrounding him (above, below, or at peer level) can be counted on to support the system? If the player departs, how can these individuals be used to garner support from the replacement player?

» To institutionalize support for the system rather than leaving it as "the pet project" of a particular individual or leader -- the enthusiasm for which ceases when the individual departs.

All components of a partnership -- among and within partner organizations -- are interdependent. Hence, all of the players need to be kept aware of pertinent developments throughout the life of the initiative.

Successful systems establish distinct, formal lines of communication. They define who should participate in decision-making and who should be notified about each decision. Regular meetings, telephone calls, newsletters, multiple copies of letters and memos strengthen the flow of information that gives vitality to ongoing collaboration.

A process of problem-catching communication needs to be put in place that will help partners handle problems before they reach the point of destructive "side-line griping" or deadlocks. To prevent problems resulting in the embarrassment of one or more institutions, the most meticulously planned partnerships develop formal problem-solving procedures to insure that the appropriate individuals are notified of major and minor problems, and address them in a timely manner.

CHAPTER 13
WHAT ARE THE PREREQUISITES FOR DEVELOPING A CROSS-INSTITUTIONAL CASE MANAGEMENT SYSTEM?

THIS CHAPTER WILL ENABLE THE READER TO:

» list the decisions that should be made by the leaders of community institutions before developing a case management system or choosing an interinstitutional case management model.

Before developing a case management system or choosing a case management model, community leaders need to make a series of decisions that address the following issues:

LEADERS MUST ACKNOWLEDGE THAT CASE MANAGEMENT IS NOT A "PROGRAM" OPERATED BY ONE INSTITUTION.

NOR IS CASE MANAGEMENT PURELY A LINE-STAFF FUNCTION.

RATHER, IT IS A MULTI-INSTITUTIONAL, PARTNERSHIP-BASED SYSTEM.

Case management is not an add-on component of a single program or agency. Rather, it is a philosophy that will permeate all of their programs and that calls for the active involvement of a group of institutions.

Leaders of human service organizations must decide that meeting the needs of the young people in their community is more important than their organizations' traditional modes of operation. Leaders will need to move their organizations in directions that consider each youth as a whole person with a variety of goals to achieve, strengths to be exploited, and barriers to be overcome. For so many and so varied a set of issues to be addressed, those who plan a case management initiative must assume that a number of institutions need to be involved in the system.

This means that formal collaboration among institutions is an inherent aspect of case management. It also means that all of the barriers inherent in developing partnerships will rear their heads as the case management system is developed. Leaders and the managers and line staff below them need to learn how to operate as teammates.

Community leaders must agree that traditional means of serving youths with multiple needs have, for the most part, failed. Leaders must commit themselves to new approaches -- and that means institutional change.

LEADERS MUST DECIDE WHO SHOULD BE CASE MANAGED:

The number of young people each case manager is expected to serve will have a significant effect upon the capacity to deliver effective services. In addition, service needs will vary according to who is being served. Before considering how a case management system will be designed or implemented, leaders need to ask whom the system will serve. Which young people will be eligible for case management, and what are their common characteristics?

LEADERS MUST DECIDE WHAT OUTCOMES ARE DESIRED FOR THE TARGET POPULATION(S) THEY HAVE CHOSEN:

Case management is not an end unto itself. Rather, it is a process that helps young people to achieve a set of goals. There is little sense in developing a case management system unless one knows where one is going.

Leaders need to decide what will be the overriding goals and outcomes sought by the system for the youth it serves. What do we want youth to achieve? How do we merge the outcomes our organizations want with those sought by our youthful clientele?

LEADERS MUST IDENTIFY WHICH RESOURCES ARE NEEDED AND AVAILABLE TO ACHIEVE THE OUTCOMES SOUGHT FOR THE CHOSEN POPULATION(S):

If case managers are to achieve the ideal of helping each of their clients to secure needed services and resources, two issues arise immediately:

» Should we develop a comprehensive system that endeavors to give young people whatever services they need? (The answer to this question can be "yes" only in a service-rich environment.)

» Should we develop a "limited" case management system that acknowledges to youth, in advance, that a standard, "popular" set of regularly-requested service-offerings is guaranteed while other services may or may not be obtainable? (This approach is usually used when only a limited number of services exist, or when the cooperation of a limited number of institutions can be secured.)

Case managers can only work with what is at hand. Therefore, before setting up a case management system, planners must know what services and resources are available in their community. Given the client population and outcomes sought, a service inventory should be conducted seeking answers to the questions on the next page:

- What are the services and resources most often requested by the chosen target population, and/or needed to achieve client and system goals? Which are subject to long waiting lists or are regularly unavailable?
- What other, sporadically needed services and resources are available in the community?
- Which local institutions/programs/individuals currently offer needed services and resources now -- and at what levels of quality and quantity?

LEADERS MUST CONSIDER WHICH ORGANIZATIONS WILL COOPERATE WITH CASE MANAGERS:

Given needed services, the next step is to determine which local organizations might be willing to participate in the development of a multi-institutional case management initiative.

Organizers will need to ask questions such as:

- Which local institutions provide regularly needed services to the target client population?
- Which have been frustrated by their inability to access services from other local community agencies?
- Which institutions would welcome case management, if given active input into its design and operations?
- Which institutions would not immediately welcome case management, but might do so if "heavily persuaded?" What would it take to persuade them?
- Which organizations have line staff who, although not doing case management yet, could be trained to be case managers? Of these, which are willing to facilitate such a conversion?
- Who within those organizations needs to be involved to address access to the most commonly needed services and resources?

LEADERS WILL NEED TO CONSIDER WHICH INSTITUTIONS IN THE COMMUNITY ARE ALREADY DOING CASE MANAGEMENT:

It is very likely that one or more institutions in a community are already providing something called "case management." This should not imply that they really understand the concept, nor that they do it well.

If they have only recently embarked upon their case management initiative, there may be room to meld their efforts into a better, more effective effort. If this is to be possible, leaders need to seek answers and/or make decisions that respond to the following questions:

» Which organizations in the community already have case managers?

» Are their case managers currently competing with each other to the detriment of the case management philosophy?

» How attached are those agencies to their model of case management? Do they really understand how many variations of case management exist? Might they be willing to listen to alternative models?

» What are the regulations governing or restricting their case management operations?

» Are existing case managers operating as "generalists" -- expected to cross institutional boundaries, yet struggling to do so because they lack the backup of interinstitutional agreements? Would they like help? Would they be willing to become part of a case management team?

» How much room is there for cooperation or for expansion of their case management role to involve other organizations or systems?

» Of those organizations, which would be willing to involve their case managers or otherwise "contribute" to a multi-agency team effort?

CHAPTER 14
WHO SHOULD BE CASE MANAGED?

THIS CHAPTER WILL ENABLE THE READER TO:

» consider how many active clients constitute an ideal caseload, and the variables that affect that number; and

» describe ways to cope with overly large caseloads.

Caseload is a major issue for most JTPA case managers. Unfortunately, in the employment and training field, case management has become somewhat of a "fad." Many policy makers and agency leaders consider it a "silver bullet," and have dictated that all clients should be case managed.

It would be wonderful if all youths could be case managed. But what if there are so many clients that "full-scale" case management becomes impossible?

In the well-intentioned rush to offer case management, many policy makers and agency leaders have neglected to learn what it really takes to do case management well. They designate existing staff or hire new staff to provide case management; however, too often they also burden those people with caseloads that preclude quality services.

> Many case managers are required to handle large numbers of clients (in some cases upwards of 100, 200, or even 300), and handle other duties, and deal with ever increasing amounts of paperwork associated with their jobs. This turns case management from a "silver bullet" into a "dud torpedo." It looks, at first, like it will do the job. But when it fails, there are all kinds of negative ramifications.

In turn, case managers (most of whom truly care for their clients and would like to provide quality case management) feel like they're stuck between a rock and a hard place. Most case managers possess a fairly clear idea of what case management is supposed to be and of how to provide it. But because of the overwhelming demands on their time due to these large caseloads, they can't deliver. Many take this inability personally, and even feel guilty about it. Their morale plummets while their level of frustration skyrockets.

> Compounding the situation, in many communities, case managers are afraid that if they complain, they will be labeled as "troublemakers" or be deemed "incapable of handling their jobs."

In most cases, case managers' frustrations are very real. Given the caseloads they're required to handle, they can't possibly do what they're being called upon to do, and this fact has little to do with their personal competence or capacity.

WHAT DO WE KNOW ABOUT CASELOAD SIZE?

Although case management is a relatively recent concept in the employment and training field, it has been used for decades in social work and fields such as gerontology and mental health. From those professions, we can draw four key facts:

- » There is no single number representing the "correct" caseload size applicable to all case managers.
- » The more hard-to-handle the client population, the more time required to provide intense interventions, and hence the need for smaller caseloads.
- » Large caseloads equal diluted interventions.
- » An ideal caseload is one that enables a case manager to thoroughly handle all aspects of case management with his/her clients -- thereby enabling those clients to achieve self-sufficiency over time.

Research in those other fields indicates that an ideal caseload might be between 25 and 50 active clients per case manager.

> Author's Note: Sadly, many a JTPA case manager has laughed cynically when s/he hears these numbers because they are so much smaller than his/her caseload. Most JTPA folks can't even begin to imagine the luxury of such low caseloads.

JTPA has not yet learned from the experiences of those other fields. The functions a case manager is called upon to carry out in those fields do not differ markedly from those in the employment-and-training field. Unfortunately, the time investments do vary. The amount of time required for a JTPA case manager to sufficiently case manage a young person usually **far exceeds** the time s/he is allotted because of unwieldy caseload assignments.

We need to learn from other fields. Realistic caseload size in a JTPA program cannot be based upon a random number or upon the number of total clients divided by the number of case managers. Instead, managers and policy makers should look at the time needed for a case manager to implement each case management activity s/he is responsible for (noting that some activities may be handled, in bulk, by other staff). Once time investments have been established, a more realistic caseload can be established.

For example, how much time does it actually take for a case manager -- given appointments, paperwork, meetings, and other demands -- to handle case management functions such as:

- » intake?
- » orientation?
- » assessment?
- » relationship-building?
- » goal setting?
- » service strategy development?
- » linkages with programs and agencies?
- » follow-up?
- » helping the client become less dependent?

If managers and policy makers conducted a time-analysis of real time-usage among their case managers, they would realize that full-scale case management for all clients carries with it the need to hire, train, and/or retrain many more case managers. Like other fields, JTPA would need to allow its case managers to have maximum caseloads of 50 active clients.

Given budget constraints, most JTPA SDAs will find such an expansion of case management staff impossible.

Those rare SDAs with considerable funding may be able to acknowledge that case management is a time-consuming process, and that providing it requires the investment of significant resources. They may be able to commit adequate funds to hire, train (or retrain), and support enough people to offer full-scale case management to all clients. An SDA with sufficient resources to do so may find full-scale case management for all of its clients to be an excellent way to expend those resources.

But most JTPA programs won't be able to do this. If full-scale case management isn't possible for all JTPA clients, then SDA managers need to ask two other questions:

- » Should we be doing case management at all? and
- » Is there some middle ground?

SHOULD WE BE DOING CASE MANAGEMENT AT ALL?

Let's start with the issue of integrity. JTPA programs should not claim to provide case management to all of their clients, then strap their case managers with such large caseloads that what is really being provided is little more support than was offered before case management became the catchword of the day. In other words, "If we can't do case management even close to an effective way, maybe we shouldn't claim to do it." Maybe

JTPA programs shouldn't offer case management at all because they aren't capable of delivering it well.

Choosing not to offer case management may not represent the end of the world for some JTPA SDAs. After all, prior to the advent of case management in the employment and training arena, many JTPA programs managed to provide good services to an acceptable percentage of their clients. Perhaps those programs should remain as specialized service providers.

If there are JTPA clients who need case management services, there may be other organizations in the community that can provide them. It may be that, rather than trying to offer case management, a JTPA program should develop interagency agreements with other agencies through which JTPA clients requiring case management receive it elsewhere.

IS THERE SOME MIDDLE GROUND?

Is there a way for a JTPA SDA to provide some variation of case management given constrained resources? If we measure the ideal versus the reality of JTPA, a number of options do exist. However, before these options become possible, we have to acknowledge that: If case managers need such small caseloads to do their jobs effectively, then we can't do "**full-scale**" case management with **all** of our clients.

With that thought at the forefront, leaders need to decide who the system will serve and do some "narrowing down" of target population. This decision is crucial because:

» the numbers of youths who fall within a target population will determine case-load size; and

» caseload size will determine how much time case managers can devote to each youth.

It is likely that if caseloads are to be manageable, case management will have to be targeted to a specific subgroup within the population of all youths. Leaders should be forewarned that choosing this subgroup is usually an extremely difficult, albeit absolutely necessary, task.

Although no simple axiom can be used to determine caseload composition, there are some rules of thumb:

» At first, ends must be commensurate with available means, though this may change over time. A case management effort that deploys a small number of relatively inexperienced staff on a limited budget would be wise to set feasible goals. This may mean steering clear of severely dysfunctional populations at first. If the system evolves (as would be hoped for), the target population may expand commensurately.

» Case management places a high degree of responsibility on individual case managers. Burnout and subsequent turnover correlate to a case manager's perceived sense of impact and effectiveness. Given a caseload weighted towards extreme cases, the risk increases for the case manager to experience his/her role as unrewarding and ineffectual.

We can then consider providing some mix of services, or targeting full-scale case management to segments of the target population. For example:

OPTION 1 » Maybe some of our clients who require case management don't need to be case managed by us; AND/OR

OPTION 2 » Maybe JTPA programs shouldn't require all of their case managers to provide full case management services to all of their clients, but instead should provide case management to some segment of the client population; AND/OR

OPTION 3 » Maybe we can increase the efficiency of case management delivery by performing some functions with groups of clients; AND/OR

OPTION 4 » Maybe we can reduce case managers' responsibilities by turning over some aspects of their jobs to other individuals.

OPTION 1: Maybe some of our clients who require case management don't need to be case managed by us.

We may be able to reduce, up front, the number of JTPA clients that must be case managed by JTPA. In most communities, several agencies provide case management services. Since case management is an interinstitutional activity, the odds are that some (and perhaps many) JTPA clients already have a case manager somewhere else.

If we accept the idea that it is unethical for a young person to be case managed by more than one human service professional at a time, then we must ask the question: "Why are we automatically assuming that we must case manage all of our clients?"

If, during the intake process, a JTPA worker asks each youth, "Who else is serving you?", there is a good chance that a significant number will be identified who are receiving some form of case management assistance from somebody else. In these situations, JTPA case managers can contact the other person, acknowledge that person's authority and role as case manager, and shift into a much less time consuming support role (e.g., "You folks are the case manager and are handling the service plan. What would you like us to do?). The case manager at the other organization must spend the real time with the young person. The JTPA staff person merely helps the youth succeed in the JTPA program or service.

If we use this approach as a first step, we can then focus our case management energies on a reduced number of JTPA clients from the very start.

Of course, letting an "outsider" case manage "our" clients raises the question of the philosophy driving and the quality of the other organization's case management services. It is here again that the need for interinstitutional collaboration comes into play.

Human service organizations that provide case management need to work together to decide what case management is, what it should strive for, and how it will be delivered. Cross-training of staff is needed to assure that the same messages about philosophy and quality permeate the interinstitutional system.

OPTION 2: Maybe a JTPA program shouldn't require case managers to provide full case management services to all clients, but could provide case management to a segment of its client population.

When resources and staff are limited, and client populations large, it may be wise to target case management to a specific subpopulation rather than to all clients.

> Author's Note: Policy makers and leaders may not know it, but the odds are that this strategy is already being used on an informal basis in their SDAs. The informality of the process is a problem.

To survive the impossible rigors of the job, a case manager faced with too many clients makes personal decisions about who'll receive his/her time and who won't. Unfortunately, each case manager makes this decision based upon his/her personal values. Who receives good case management and who doesn't varies from case manager to case manager. There is little consistency to this ad hoc approach. Informal choice processes force case managers to "play God." Few appreciate this situation, and it brings about uneven services. It would be far better if managers and policy makers:

» acknowledge that case managers cannot provide full-scale case management services to all of their clients (rather than assuming that they can);

» clearly define, through a detailed description of criteria, which subpopulations should receive full-scale case management; or

» set up a formal process through which a group of staff persons review clients' cases and decide which should receive full-scale case management;

» set up a review process through which exceptions to the rule can be addressed -- e.g., There will always be a youth here or there who staff feel strongly should receive case management but doesn't fit the guidelines. Similarly, there will be the occasional young person who, although earmarked for case management, doesn't really want or need it.

Steps such as these take some of the informality, value judgements, and "playing God" issue out of case managers' hands. They allow flexibility for "exceptions." There are many ways to choose a subpopulation that could be targeted for case management. Several examples follow. Choosing will require lengthy discussion, many arguments, and considerable "pain."

Formally Targeting A Subpopulation by "Labeling:"

Some communities reserve case management for especially vulnerable, "at-risk" youths -- those who through the nature of their "label" are assumed to be burdened with multiple problems. Using this strategy, communities typically choose to target subgroups such as:

» teenage parents;
» young welfare recipients;
» gang members;
» school dropouts;
» linguistic minorities; and
» court-involved individuals/offenders.

Many youths in these groups lack a repertoire of social, employment, and academic skills. Many are youths who agencies have decided must have personalized, long-term support from a trusted individual (the case manager) if they are to have any chance to succeed.

Choosing target groups such as these may enable a community to pick a case management target population of manageable size. But what if such categorizations leave case managers with inordinately large caseloads? When a community chooses to target a group by label, and finds that caseloads remain too large, it must further define and even severely limit what makes a youth "at-risk." It may have to limit the definition of who gets case management more stringently, and usually more than it would like:

> Author's Note: If the target population definition is so broad that case managers respond with "We're still talking about nearly all of my clients!" or "I'm still dealing with over a hundred clients under this definition!" then the definition is not limited enough (Note: Limiting who receives case management can be one of the toughest political decisions made, but it must be made! The definition must be further narrowed down. Some clients may get burned.).

In addition, we need to consider that, despite the label, all youths within these groups will not necessarily need the extensive support provided by good case management. Should we automatically choose to provide case management to all of those so labeled, despite their relative level of need?

Developing a "Tier" System Based Upon Level of Employability:

Rather than providing case management to youths who fit a generic label, an agency might divide clients into several ranges of relative "employability" upon program entry. Youths who fall within any of the "at-risk" categories above may also fall into one of the following "employability" categories:

Tier 1: Employable: Advanced clients who:
- » succeeded in school;
- » possess some successful work experience; and
- » have acceptable work habits and attitudes.

Tier 2: Nearly Employable: Intermediate clients who have:
- » weak school records;
- » no diploma or GED; and/or
- » little or no work experience.

Tier 3: Pre-Employable: Basic-level clients who may be:
- » high-risk youths;
- » school dropouts; or
- » unemployed and have negative work experience(s).

When considering who should receive case management from among those assigned to various tiers, a program might develop a system in which youths at varying levels of employability are assigned to a tier as follows:

- » Tier 1 clients go through a "fast-track" in which little or no case management is offered.

- » Tier 2 clients receive a low-intensity form of case management or counseling support.

- » Tier 3 clients receive "full-scale," intensive case management services.

We should acknowledge that, neat as these categories appear, there will always be youths who cross categories. Again there is the need for a process to be devised that deals with the exceptional client.

Targeting Clients With Complex Goals and Service Strategies:

Upon early examination of a youth from the standpoints of "where s/he has been," "where s/he is now," and "where s/he wants to go," it may be determined that his/her service plan will inevitably involve a complex array of efforts that cross programs and agencies.

Some systems choose to define who gets case managed according to judgements that consider how difficult it might be for a youth to successfully pursue his/her goals.

These systems develop criteria that consider whether the youth has the potential to move ahead on his/her own, or whether professional brokering or advocacy will be needed:

- » How ambitious are the youth's goals given his/her situation at program entry?
- » How many interventions will have to occur to move the youth from where s/he is to where s/he wants to be?
- » How long will it take for the youth to complete the array of interventions that may be anticipated?
- » How many different organizations will be involved in providing those interventions?
- » Are there interagency agreements among the organizations that provide needed interventions, and hence potential for ease of service provision to the youth without case management assistance?
- » Can smooth access be assumed among all needed services? among some? among none?
- » What degree of difficulty can be expected if the youth were to attempt to access the services s/he needs without case management assistance?
- » What degree of difficulty can be expected if the youth were to attempt to successfully complete the services s/he needs without case management assistance?
- » What has been the youth's history of "completions" when pursuing goals or attending programs?
- » Would it make a significant difference to the youth to have an ongoing relationship with an "anchor" human service professional as the youth pursues his/her goals?

Targeting Clients for Whom a Major Financial Investment Will be Made:

Despite the popular association between case management and especially at-risk groups, there is no intrinsic reason why case management should be reserved just for those on the extreme end of the continuum.
Nothing prevents case management from being a good strategy with other individuals -- some or all of whom may be more academically talented and personally motivated.

For example, case management might be offered to individuals for whom a JTPA SDA is making a significant monetary investment:

» An SDA may analyze how it spends its funds, and may find that it has an unacceptable dropout rate among young people who enroll in its skill-training programs. It invests significant resources trying to prepare these youths for skilled occupations, but finds that large numbers of trainees drop out of training before completion. These dropouts are especially costly because they represent negative terminations after large expenditures.

  An analysis of why so many trainees dropped out prematurely may find that it wasn't because training programs were problematic. Rather, the analysis may show that dropouts occurred primarily because of unresolved personal issues that typically fall outside of JTPA's normal purview. It may become clear that trainees could benefit from case management, and that it might be a key to increased program completions.

In another scenario, case management may be offered to youths for whom two or more agencies will make financial investments. Since agencies will be pooling their funds for a mutual client, they decide to support their investments with case management assistance.

OPTION 3: Maybe we can increase the efficiency of case management delivery by performing some functions with groups of young people:

There is often an assumption that case management services should be delivered purely through personal appointments -- an individual youth and case manager meeting one-on-one. This is not necessarily valid all of the time.

Some aspects of each case management activity might be delivered in groups rather than in one-on-one sessions. Being able to serve eight young people simultaneously has potential to save significant case manager time. An analysis of case management activities will usually indicate that, in their personal appointments, case managers repeat many steps and ask many of the same questions over and over again as they work with different young people.

- For example, all aspects of intake may not need to occur in personal appointments with all clients. An analysis of enrollment forms may show that a many questions can be addressed in groups. Young people with adequate reading and writing skills could attend a group in which they fill out parts of the forms under the guidance of a group leader (assisted by a volunteer who can float from participant to participant providing individual attention).

- In another example, all aspects of goal-setting may not have to be handled in one-on-one sessions. The initial step in the goal-setting process for nearly all clients involves some general discussions, exploration, probing, etc. These processes inevitably occur prior to the formulation and finalization of a youth's personal goals. Many young people may benefit far more from discussing the subject of goals -- in general -- as part of a well-facilitated group of peers than they would have if this were done in a personal appointment. Young people may gain ideas, hear concerns similar to their own, and even find out that "I'm normal" in a group session. These benefits are not necessarily possible in a one-on-one personal appointment with a case manager.

Questions need to be asked about each case management activity:

- What are the subparts of each case management activity?
- Which of these must be handled in personal appointments?
- Which could be delivered in groups?
- If group sessions are not appropriate for all youths in all situations, how will we decide who attends the groups?
- How will we coordinate group delivery with personal appointments?
- How can we schedule group sessions to provide convenient times for young people to attend, and enable our flow of services to be efficient?
- Who among our staff is best qualified to lead each type of group session?
- What training will these staff members need to be fully knowledgeable in their subject?
- What training will these staff need to be effective group leaders and facilitators?
- What support will these group leaders need to conduct their sessions effectively?
- Will these group leaders be able to take on this responsibility on top of their existing work load, or must some adjustments be made?

OPTION 4: Maybe we can reduce case managers' responsibilities by turning over some aspects of their jobs to other individuals.

There is no reason why other staff can't handle various aspects of the case management process. Indeed, a case manager serves as a broker for his/her clients -- linking them with needed resources.

Who is to say that this process must occur only with resources outside of the case manager's home agency?

To reduce the time a case manager must expend with each youth, it is feasible for others in the agency to handle parts of the process. This tactic works well when the case manager:

- » has a say in what those other activities are, what they should achieve, and how they will be delivered;
- » is in regular communication with the individuals who deliver those activities;
- » coordinates those activities when his/her clients are involved; and
- » is informed in a timely fashion about what occurred during and as a result of those activities.

The transfer of some case management activities to other staff does not necessarily have to be a traumatic process. For example, there are a number of activities that fall under the rubric of case management that are also parts of traditional JTPA interventions:

> Let's start with intake and assessment. Aspects of these processes were being done within JTPA long before case management was offered. In most JTPA programs, intake and aspects of assessment are handled by staff other than case managers.
>
> Another area where it may be particularly helpful to have case managers relieved of primary responsibility is that of interagency networking. The process of developing and maintaining personal contacts among large number of institutions is very time consuming for most case managers. Ideally, much of the networking process could be handled at the agency leadership level. However, until such interagency agreements have been developed, it might be feasible to assign a staff member the job of "Resource Developer" -- the organizational equivalent of a job developer who focuses instead on developing "service placements" for clients.

The activities above are not the only ones that warrant investigation. Program planners and managers should look at each aspect of case management, and ask themselves, "If we assigned this activity to a specialist rather than requiring each case manager to handle all aspects of it with every young person, could we save time and resources?"

We should note that, if various case management activities are to be divided among different individuals or departments, the following factors become especially important:

- All staff involved in any case management function should be "cross-trained." They need to be together during the training, to understand each others' needs, and to grasp the "big picture" and "activity flow" so that individual activities are not conducted in a vacuum.

- Communication systems and information flow need to be negotiated across parties, and should fulfill case managers' needs. Information must be provided across individuals, departments, and/or systems in a timely fashion.

WHAT ARE THE CHARACTERISTICS OF THE TARGET POPULATIONS CHOSEN FOR FULL-SCALE OR LESSER VARIATIONS OF CASE MANAGEMENT?

Before a system to serve a particular target population can be developed, leaders must know what "raw material" they have to work with. They need to be aware of strengths that can be exploited among the youths in that population.

They also need to itemize common patterns of client weakness -- barriers to success that are exhibited by the chosen youth population over and over again.

This data can be gathered rather easily through discussions with line staff who deal with young people on a daily basis. It is only after the patterns of need experienced by the target population are identified that service needs can be analyzed.

CHAPTER 15
WHAT DO WE WANT OUR TARGET POPULATION TO ACHIEVE?

THIS CHAPTER WILL ENABLE THE READER TO:

- describe the need to define an "umbrella" outcome that young people served by a fully-functioning, interagency case management system will attain;
- understand the importance of defining the goals or competencies that youths must attain in order to reach that umbrella outcome; and
- consider the services and resources that a target population might need, given their characteristics, if they are to achieve the outcome sought by the system.

Before designing an interinstitutional case management system, leaders need to answer the question, "If our system did its job correctly and to its fullest extent, what would we want the young people it serves to have achieved upon completion?"

The answer to this question is what we will call the system's "**umbrella**" client outcome.

The need for leaders to consider this issue stems from simple "management by objectives" strategy. We need to know "where we're going" before we can develop the systems that will get us there. Once we know where we're going, we can delineate goals and objectives, or steps, that will lead us to the umbrella client outcome.

In other words, usually the **umbrella** outcome is an ambitious, long-range one that requires sub-steps to reach it. It involves the attainment by young people of a number of goals or sub-steps leading to that outcome. Given the chosen target population and knowledge of that population's characteristics, leaders should be able to delineate those goals or sub-steps.

Once an **umbrella** outcome, and its accompanying goals and competencies, have been clarified, leaders can decide how broad the service capacity of their case management system must be.

Leaders' thinking on the **umbrella** client outcome, on accompanying goals/competencies, and on the scope of the system will ultimately serve as the "vision" guiding all further work on the system. Hence, these issues should not be glossed over.

Several examples of an **umbrella** client outcome sought by youth-oriented case management systems around the country include:

- long-term employability;
- self-sufficiency;
- self-actualization;
- reducing public assistance dependency;
- avoiding removal from family and enrollment in foster care;
- reducing future pregnancies;
- reducing future dependence on human services;
- reducing criminal justice system recidivism;
- reducing school dropouts;
- increasing school graduations.

The reader should be aware that outcomes such as these, as stated, may be inadequate if they are the sole basis for a case management system. They may represent jargon that means different things to different people (e.g., What is "self-sufficiency" really?). Therefore, those involved in defining a system's **umbrella** outcome need to be aware that these outcomes need to be defined further and put into measurable terms.

WHAT WILL BE THE SCOPE OF THE CASE MANAGEMENT INITIATIVE?

Armed with a knowledge of who is to be served and what **umbrella** outcome is to be sought, leaders then need to determine how broad the array of services offered by the case management system will be. They will need to consider:

> If our clients "look like this" upon program entry (Point A), and if they "want to achieve that" (Point X), what resources will be necessary to move them from Point A to X?

Leaders will need to ask questions such as:

- Given the umbrella client outcome and given the characteristics of our target population, what services and resources are necessary to advance young people from where they are to where they need to be?

- Should the system's offerings be limited to a few crucial, regularly requested services? If so, which ones?

- Should the system be comprehensive -- offering a broad array of interventions our clients could conceivably need?

- Should all young people in the system automatically receive certain services (with other services relegated to secondary "support services" status)?

- Are all services equally important? If not, which are crucial and which are "frosting?"

These are important questions, especially considering how many types of interventions a case management system could conceivably offer. The following list of commonly requested services may assist in discussions of system scope. The list does not purport to identify every need among young people in a community. However, even in its incompleteness, it identifies over sixty types of service from which a typical economically disadvantaged youth could benefit:

Basic or Emergency Needs

- crisis intervention
- food
- clothing
- shelter (permanent or temporary)

Guidance and Counseling

- testing and other assessments
- personal counseling
- career education
- career counseling
- educational counseling
- vocational counseling
- values-clarification
- mentoring/role models

Transportation

- public transportation
- transportation passes
- other transportation assistance

Employment

- job shadowing
- internships
- community service work
- supervised crew work
- subsidized work experience
- pre-employment preparation
- on-the-job training
- unsubsidized, private-sector employment
- job search assistance
- entrepreneurship
- skills training

Education

- public schooling
- tutoring
- bilingual education
- basic skills remediation
- GED preparation
- alternative diploma programs
- other alternative education
- post-secondary education awareness
- post-secondary education assistance
- financial aid assistance
- vocational education / apprenticeships

Medical/Health Assistance

- medical services
- prenatal care
- dental services
- psychological/therapy services
- drug/alcohol abuse prevention
- drug/alcohol treatment
- family planning information
- AIDS/HIV education
- personal hygiene

Life Skills

- money management instruction
- decision-making training
- problem-solving training
- life planning education
- social skills training
- leadership skills development

Parenting

- parenting education
- parenting support groups
- infant/toddler care
- other child care
- birth control/family planning information

Legal

» legal assistance (criminal)
» legal assistance (civil)
» probation/parole monitoring

Recreation

» general fitness/exercise programs
» sports instruction
» organized team sports
» leisure activities/hobbies
» field trips
» other "horizon broadening" activities

From this list, leaders can choose which services must be included in the system, which would be helpful but not necessary, and which might be considered extraneous. Leaders should not stop with this list. There may be services that are not listed herein that should be included in a case management system.

CHAPTER 16
HOW DO WE MELD THE CLIENT OUTCOME WE SEEK WITH A SYSTEM VISION?

THIS CHAPTER WILL ENABLE THE READER TO:

» understand the importance of analyzing whether agencies' primary goals for their clients are the same as the umbrella outcome, whether they are different, and/or whether they represent stepping stones leading to that outcome;

» realize why it is important to identify other organizations in the community that are not represented in a group that is developing the community's case management system, but which provide additional stepping-stone services;

» consider characteristics of a multi-institutional service system that would enable young people to attain the umbrella outcome.

After defining the scope of the initiative, organizations that should be included in the case management system can be identified, systemic goals can be created, and a formal definition of case management can be developed.

DETERMINING WHICH ORGANIZATIONS SHOULD BE IN THE SYSTEM:

Many of the resources and services necessary to move young people toward the umbrella outcome may already be provided by various organizations in the community. These resources and services should be delineated in the process of defining the scope of the case management system. Their inclusion in the planning process and in the system as a whole may be necessary if the system is to serve youths effectively.

In addition, it is likely that several organizations already employ case managers. Rather than have their case management effort fall outside the system, these organizations should be brought in to the planning process and to the system.

Through the process of "resource mapping," leaders can chart out which organizations offer which services and resources, and which provide case management. It is through this process that leaders can identify which organizations should ultimately be part of the system and hence should be brought in to the planning process.

DRAFTING AN INITIAL SET OF SYSTEM GOALS AND POLICIES:

Once organizations who should be involved are identified, leaders will have a sense of who else needs to be brought in to the planning process. Before approaching other players, it may be a good idea to develop a vision of the case management system -- a picture that can be used to stimulate interest among and attract the participation of those other players.

Leaders can begin drafting a set of tentative system goals and policies that will be used to attract and orient new members to the proposed system. These goals and policies should not be carved in stone. There should be an opportunity for them to be debated and revised after new members have been brought on-board.

Some common system goals and policies gleaned from case management initiatives around the country include:

- At-risk youths in need of assistance from several agencies will be served in a coordinated and comprehensive way.
- Services that young people receive will be based on a broad assessment of their strengths, weaknesses, and circumstances.
- Services for any case-managed youth will be described in a written plan developed cooperatively by several institutions in consultation with the youth and his/her parents.
- Progress achieved as a result of the service plan (or lack of it) will be monitored by a case manager in concert with the youth, parents, and other key individuals. Modifications will be made if progress is insufficient.
- Institutions will recognize the unique and central coordinating role of case managers.
- Case managers will work with each youth over a period of years, and will be seen by the youth as an advocate, working in his/her best interest.
- Leaders will be informed about and guided by the experience of case managers as they identify successes, failures, roadblocks, non-responsiveness, etc.
- Involved institutions agree to regularly plan and work together to develop high-quality services for young people, and furthermore agree to participate in joint decision-making on new program development.
- Institutions share performance evaluations and adjust strategies accordingly.

CHAPTER 17
HOW DO WE INVOLVE THE RIGHT PLAYERS?

THIS CHAPTER WILL ENABLE THE READER TO:

» consider which individuals who should represent key community organizations or constituencies during the system planning process; and

» identify ways these individuals might be attracted to join the planning effort.

WHO SHOULD BE REPRESENTED ON THE LEADERS' PLANNING GROUP?

The leaders' planning group needs to include individuals who control the resources and services necessary to move young people from where they are to the umbrella outcome. These people should be leaders who have clout, who do not hesitate to use it, and who don't have to seek permission from those above to make decisions.

Most case management systems are "limited collaboratives." Rather than seek to offer -- within the system -- a complete array of every conceivable service needed by every client, these systems focus on a limited set of "crucial" services.

In this scenario, membership on a leaders' planning group will need to include, at least, those individuals who control the array of services or resources most commonly sought by the target population. For example, these individuals might include:

» PIC Directors or key (active) members;
» JTPA SDA directors or youth directors;
» agency executive directors;
» agency assistant directors;
» program directors;
» school principals;
» private foundation or other funders' staff; or
» private employers.

These individuals represent the organizations that offer resources which are regularly requested or needed by the target population. In other words, the system includes organizations that address continual patterns of client need.

Organizations that provide ancillary services or resources that are required only on occasion (but not regularly) may not be included in the system and may not necessarily require representation on the planning group (Case managers will need to seek these occasional services for their clients in the traditional ad hoc manner).

If, on the other hand, an all-encompassing "mega-collaborative" is to be developed, the leaders planning group may include powerful representatives from nearly all youth-serving institutions in a community. The community's "movers and shakers" will need to be attracted to the council to the fullest extent possible. They might include people such as:

- the mayor;
- the school superintendent;
- the chairperson of the PIC;
- the director of the JTPA SDA;
- a school board member;
- a representative from the state board of education;
- the president of the Parent/Teachers Association (PTA);
- the director of the state's Welfare or Social Services department;
- the directors of other state and local government agencies that control funds and resources for youth services (for example -- vocational education);
- the president of the Chamber of Commerce;
- other local business leaders;
- the directors of major community-based organizations;
- a judge, director of probation, or other powerful representative of the criminal justice system; or
- the directors of planned parenthood organizations, hospitals, and other health-related organizations that can assist teenage parents.

If a top person is not available to the extent needed, his/her second-in-command may be. This person may be just as effective as his/her boss. People with "Assistant," "Vice," or "Deputy" preceding their job titles are often excellent planning group members.

Equally important, a planning group should encourage active participation of potential service recipients and other constituencies of case management. These might include:

- young people;
- parents;
- teachers and school counselors;
- line-staff of agencies that provide services;
- line staff who indirectly make service-provision possible; or
- case managers.

HOW DOES ONE BRING KEY PEOPLE ON-BOARD?

How do we get institutional and community leaders to seriously buy-in to this effort? The response lies in acknowledging that leaders really want to know, "What's in it for me?" The "me" may be the individual leader, his/her organization, or both.

The only motivation that can be counted on for individuals and institutions to participate actively over the long-run must be that participation fulfills their personal and organizational needs. When people grasp that tangible benefits can be realized through energetic participation in the system, they are more likely to place involvement in a case management system among their priorities.

Leaders who want other individuals to commit energy or resources to the case management system will need to think before they act. They'll have to consider: "What do those other folks we need on- board value? What do they really want?" This involves analyzing, marketing heavily, and starting negotiations using possible "generic" motivations. A few common motivating forces are:

Altruism:

Does a potential member really care about what happens with the community's youths? Altruism is motivator. One would hope that it exists among all members, and it must be tapped (However, altruism alone is not enough to drive an interinstitutional system or to maintain involvement over time. Each organization may have "doing good things for clients" as its mission; but when the going gets tough, organizational survival will inevitably overcome the client-oriented mission if altruism is the only involving force.).

Funding:

It should be no surprise that money can draw organizations to the bargaining table. If need be, funds can "buy collaboration" from a key organization when all other approaches have failed (Of course, one can question whether this approach brings about needed institutional change).

Creating an employable work-force:

Some members, especially those representing business, may view the system as a vehicle to assure a future supply of employable workers (This is fine, as long as they don't limit youths' horizons to filling entry-level positions.).

Credit for doing good things:

Every human service institution seeks public credit for its good deeds, be it through word-of-mouth credibility, newspaper articles, or "ammunition" for funding purposes. A "revolutionary new" youth service system offers institutions the opportunity to have their constituencies learn how they have gone "above and beyond the call of duty" in the name of serving young people (On the other hand, be aware that it's relatively simple for some members (who have done very little) to gain good publicity through association with the good works of the group as a whole.).

Being part of the "in-crowd:"

If a significant number of institutions band together to take a new approach to human services, it will raise eyebrows. Although some organizations will "sit on the fence" to see whether the effort succeeds, many will get involved if, for no other reason, it will appear strange if they don't.

Regulated collaboration:

Some organizations will be drawn to participate in a case management system because they are funded by organizations that call for collaboration.

Access to the resources of other members:

Many human service organizations struggle to help young people. Because of waiting lists, scheduling difficulties, regulations, or bureaucracy, they have been frustrated when they attempted to help clients obtain services outside of their own institutions. (For example, a teenage mother may consider dropping out of school because her child lacks reliable day care, without which she cannot attend class regularly. Yet her school does not offer child care. An alliance with child care centers, handled through the case management system, may solve her and her school's problem.)

These generic benefits are merely suggestions. They may not be the ones that a particular leader or institution really wants. True motives can only come from thorough analysis face-to-face with institutional representatives. Hence, an open line for candid discussion and negotiation should be established.

CHAPTER 18
HOW SHOULD WE ORIENT NEW PLAYERS?

THIS CHAPTER WILL ENABLE THE READER TO:

- consider subjects and issues that should be covered in an orientation earmarked for new members of the leaders planning group (or other groups);
- consider philosophies that might govern how these new members should be brought in and encouraged to play an active role.

The planning group needs to define, according to its unique community situation, what needs to be done to orient new players. Any orientation effort should consider:

a) Process of Orientation:

- What must be conveyed to new members through a formal orientation?
- What should be conveyed to new members through personal meetings or appointments with an individual or small group?
- What should new members learn through involvement in ongoing meetings?

b) Content of Orientation:

- What should new members know about previous work on issues such as:
  - the problem to be addressed;
  - the vision of what should be done about it;
  - the planning group's mission and role;
  - decisions made so far -- those that are firm, and those that remain open to negotiation?
- What should new members know about the way that the planning group has operated or will operate:
  - how the group was formed;
  - how new members were chosen;
  - how the group operates now -- leadership, meetings, schedules, etc.;
  - expectations of members;
  - existing and future tasks for the group;
  - procedures for solving problems;
  - communication systems?

CHAPTER 19
WHAT ARE SOME COMMON INTERAGENCY CASE MANAGEMENT MODELS?

THIS FOUR-PART CHAPTER WILL ENABLE THE READER TO:

» describe four common interagency case management models that enable ethical, cross-agency client services to occur; and

» analyze the pros and cons of each model.

INTRODUCTION:

It is common to find communities in which several agencies employ their own case managers. Unfortunately, most operate within the "chaos model" of case management. The symptoms of the chaos model include:

» There is little coordination of interagency activities.

» More than one agency may "case manage" the same youth without communicating with other case managing agencies.

» Service strategies or plans are developed at each agency without regard for strategies or plans developed by others. One client may have two, three, or even four plans of action. The client is stuck in the middle, torn between competing forces with different philosophies and service approaches.

» Case managers rarely talk with their counterparts at other agencies.

» Case managers are not empowered to cross organizational boundaries.

» Agencies compete for clients.

» Intake, assessment, and case planning activities are repeated each time a youth deals with another agency.

These symptoms represent bad management, inefficiency, and duplication. Ethics are also involved.

We suggest that case management and counseling are so closely intertwined that counseling ethics and case management ethics are similar.

The ethical standards governing counselors make it very clear that having more than one person counseling one client without communication among counselors is a breach of counseling ethics.

In its monograph titled "Ethical Standards," the American Association for Counseling and Development tells its members:

> "If an individual is already in a counseling relationship with another professional person, the member does not enter into a counseling relationship without first contacting and receiving the approval of that other professional. If the member discovers that the client is in another counseling relationship after the counseling relationship begins, the member must gain the consent of the other professional or terminate the relationship, unless the client elects to terminate the other relationship."

We suggest that **more than one case manager per client without case manager communication, and/or more than one service plan or strategy per client without coordination also represent unethical activities.**

So how do communities that wish to deliver well-managed, ethical, multi-institutional case management proceed? This chapter describes four ways to develop an interagency case management system that addresses the issues described above. We note that the models presented here are not the only ways to develop an interagency system. They are merely a way to demonstrate that there is no "right" way to develop an interinstitutional case management system. Indeed, there are numerous versions of interinstitutional case management models to be found across the country and across professional disciplines.

The lessons we wish to convey through this chapter, above all others, are:

» No one case management model is "the best."

» If a community knows the needs of the target population it has chosen, and has defined an umbrella outcome for that population, it is in a stronger position to choose an appropriate case management model.

» The model chosen by a community should be based upon local youth needs, available resources in the community, and the political climate for collaboration in that community.

» Communities should develop their own model of interinstitutional case management. It may be one of the four we present here. It may be a hybrid of these models. It may be something else entirely.

» The key rule here is "flexibility, flexibility, flexibility.

Chapter 19: Part 1

THE GENERAL PARTNERSHIP MODEL OF INTERINSTITUTIONAL CASE MANAGEMENT

One approach to interagency case management coordination -- the "General Partnership Model" -- involves a group of agencies that form a partnership incorporating case management as the "glue" coordinating their services.

Regardless of what preceded the partnership, in the General Partnership Model, case managers remain the employees of their respective organizations. Institutional leaders hammer out a series of key details that enable case managers to access the services of other organizations in the group. These may include:

- roles and responsibilities of the case managers;
- clarification of, or processes for deciding, who should be the "primary" case manager when more than one agency could be case managing a particular client;
- power of the case managers over the operations of, and ways of dealing with clients in, each participating agency;
- veto power of "partner" organizations when they disagree with a case manager's approach;
- communication and management systems across organizations;
- design of the interinstitutional system;
- monitoring and evaluation; and
- trouble-shooting and decision-making processes.

WHAT ARE THE ADVANTAGES OF THE GENERAL PARTNERSHIP MODEL?

This model is often chosen by communities because it seems to be a natural starting-point for a comprehensive case management system. It enables participating institutions to offer clients a wider range of service options than would have been possible if those institutions worked alone. It also appears to be politically acceptable and to limit risk. Because they can employ their own case managers, agency leaders believe that they will maintain control over their part of the system.

At first glance, at least, the model does offer the chance for each institution to retain ownership over its own segment of the system that will ultimately evolve:

- Each partner institution can continue to employ, and therefore control, its own case managers.

» Because each institution owns its case managers, it can continue to tap, for its own purposes, the funding (and accompanying overhead) that backed those case managers.

» Each institution can negotiate "customized" agreements with other agencies, and therefore control what it is willing to give.

WHAT ARE SOME COMMON CONTRIBUTORS TO FAILURE OF THIS MODEL?

Case management quality will vary from institution to institution:

» At one agency, case management may be considered a high priority, and may receive significant support and resources. At another, case management may be one of many activities -- and one of relatively low priority.

» Because each organization has its own goals and approaches, there is always the chance that duties, training, and expectations will be inconsistent. Case managers may operate in different fashions, depending upon which organization employs them.

» Since each case manager works for a different employer, each maybe paid at a different rate, may operate under different personnel policies, and may be supervised under a different set of rules.

» An ineffective case manager will prove a weak link in the system, and may negatively affect his/her clients.

Significant up-front organizing and negotiating is necessary to assure that case managers are empowered to deal effectively with other agencies. Turf battles may be ongoing.

Among the General Partnership models investigated, we found that:

» In several cases, insufficient time was invested to involve and instill ownership among individuals at all levels within each participating institution.

» Difficulties inevitably arose because staff at those institutions didn't accept the roles or influence of case managers employed by other organizations. They rejected the case management system because it had been foisted on them, rather than coming about through mutual agreement.

» When case managers' roles were unclear, or when they were not given adequate authority to work with participating agencies, the model failed.

- When line staff were inadequately oriented, they were unable to access timely services for youths. Clients became disillusioned, complained about "their ineffective case manager," and sometimes dropped out of services.

- When problems were not identified and solved quickly, it became easy for participating institutions to blame the other agencies or their case managers. Scapegoating contributed to the demise of several promising systems.

Communication between organizations may be sporadic:

- A common cause of failure of this model is inadequate, irregular communication among the players. Too often, collaboration and communication were "lip-service."

- There is increased chance for a young person to fall through the cracks because one agency thought that another was handling a particular matter.

Case managers may be overwhelmed by the many issues with which they must deal, and by the volume of information they must absorb:

- Each case manager will be called upon to grasp the intricacies of the many issues with which each of his/her clients must cope. These may cover a broad array of personal problems and related areas of expertise;

- Even in a partnership among only a few agencies, case managers must cope with a myriad regulations, procedures, schedules, eligibility requirements, paperwork, etc.

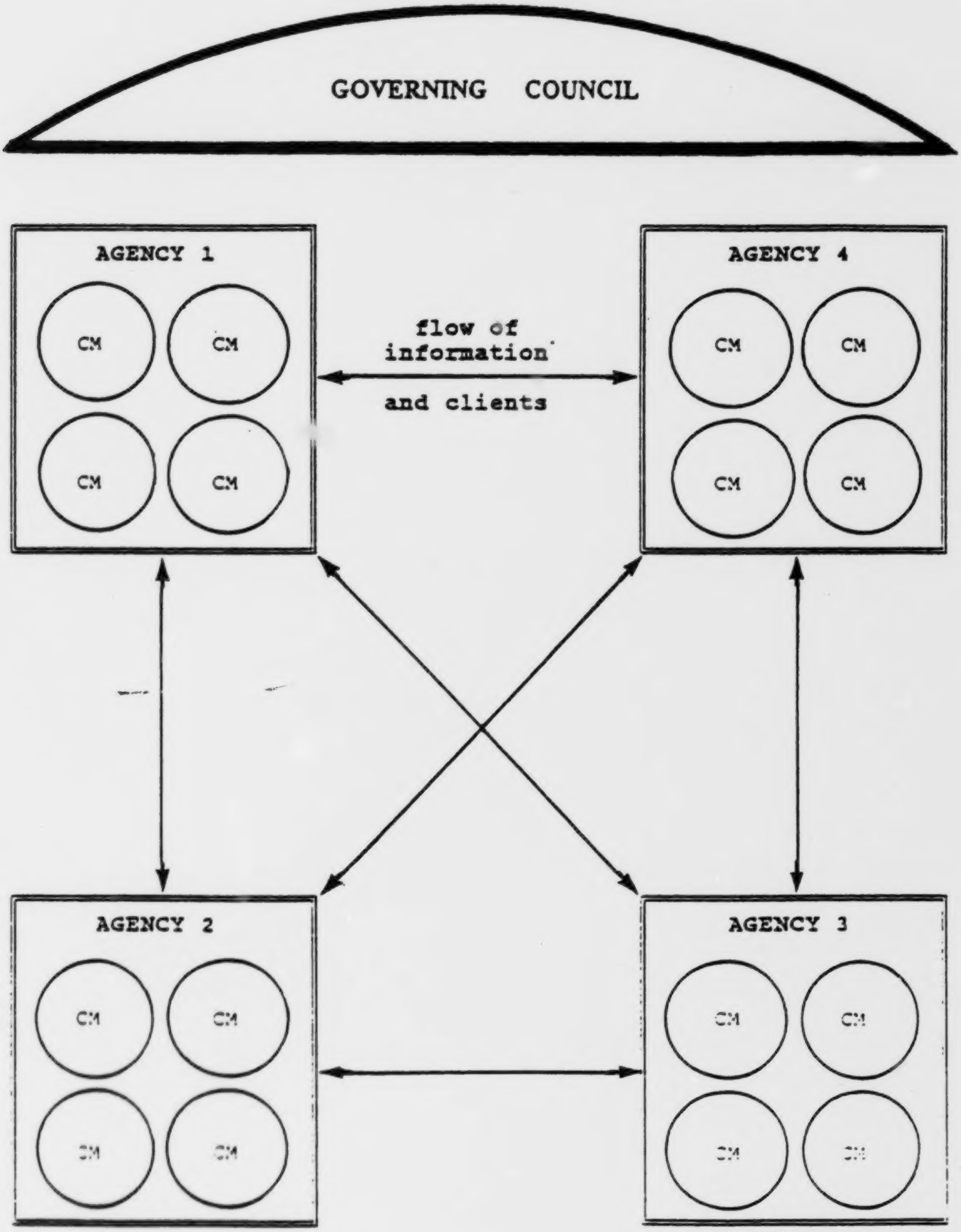
- Each case manager will find it necessary to develop personal contacts among the many individuals s/he must deal with, across disciplines and institutions, to assure delivery of a comprehensive set of services for each and every one of his/her clients.

- Interinstitutional agreements may promise different things. What is agreed upon between two partners may differ significantly from what is agreed upon by two others. There is much room for confusion and chaos.

There is little stimulus for institutional change.

- Because each institution hires its own case managers and cuts its own interagency agreements, there are many opportunities for sticking with the status-quo. For the most part, institutions can continue to do what feels comfortable and safe, rather than moving into the risky ground that might better serve their clients.

THE GENERAL PARTNERSHIP MODEL


GOVERNING COUNCIL
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Chapter 19: Part 2

THE CENTRAL COORDINATING AGENCY MODEL OF INTERINSTITUTIONAL CASE MANAGEMENT

The CENTRAL COORDINATING AGENCY (C.C.A.) MODEL of case management calls for one agency to be responsible for case management functions across a group of participating organizations.

Case managers may be the employees of this Central Coordinating Agency, or may be employees of the participating organizations who are supervised by the C.C.A. There are two common approaches to the development of this model:

- the "Collaborative C.C.A.; and
- the "Sole Trigger C.C.A."

"COLLABORATIVE C.C.A.s" -- SYSTEMS STIMULATED BY A GROUP OF PARTNERING INSTITUTIONS:

It is common for a group of agencies to form a partnership that incorporates case management as the "glue" coordinating their services. They may start from scratch, where case management is something new to all of them. On the other hand, one or more of these agencies may already employ case managers, but may have been dissatisfied with the results.

The typical scenario for this model comes about when the group decides that some single entity needs to be responsible for case management. Sometimes this entity is created anew -- partner agencies work together to set up a new, not-for-profit, independent corporation whose sole role is developing and operating the case management system. In other cases, an existing community agency is chosen for the role. Group members seem willing to empower such a case management entity (C.C.A.) to operate across their organizational boundaries in return for regular (real/powerful) input into key issues such as:

- power of the C.C.A.;
- veto power of "partner" organizations;
- communication vehicles and management systems across organizations;
- design of the interinstitutional system;
- roles and responsibilities of the case managers;
- power of the case managers over participating agencies;
- monitoring and evaluation; and
- trouble-shooting and decision-making processes.

"SOLE-TRIGGER C.C.A.s" -- SYSTEMS STIMULATED BY A SINGLE INSTITUTION:

This variation usually comes about when one agency, heretofore referred to as the "trigger agency," takes it upon itself to provide case management across local institutions.

» Sometimes this trigger agency is a combination funder and service provider.

> For example, an may decide that its clients have needs so extensive that to serve them adequately it must reach out to other service providers. It also decides that each young person should be case-managed, and that it wants to control the case managers. It controls its community's JTPA funds and it regularly delivers employment & training services. It also needs help and cooperation from other organizations.

» Other times, the trigger agency is a service provider that has applied to someone else for funds to support multi-institutional case management.

> For example, a community-based organization decides that its clients need multiple services from numerous agencies. It recognizes that case management is necessary to coordinate services. It applies to a funder, or responds to a request-for-proposals (RFP), to set up a cross-institutional case management system in which it employs the case managers. As part of the application process, it solicits, to bolster its proposal, letters of support from other agencies. Upon confirmation of the grant/contract, it sets out to attract its "paper-partners" to deliver.

Both scenarios start with an organization that intends to be the Central Coordinating Agency. It falls upon this trigger agency to solicit the involvement and cooperation of other community institutions. Most of the same rules that were true with the "Collaborative C.C.A." model also carry weight with the "Sole Trigger" approach.

» To obtain the cooperation of other community institutions, the trigger agency will have to offer significant, regular (real/powerful) input into key issues such as:

- design of the interinstitutional system;
- power of the trigger agency;
- veto power of "partner" organizations;
- communication vehicles and management systems across organizations;
- roles and responsibilities of the case managers;
- power of the case managers over the operations of, and ways of dealing with clients in, each agency;
- monitoring and evaluation;
- trouble-shooting and decision-making processes.

WHAT ARE THE ADVANTAGES OF THE C.C.A. MODEL?

A single organization whose primary responsibility is to focus upon case management can often be more effective than could a group of agencies for whom case management is but one of many activities.

» Because a single institution tracks each youth regardless of which institution is serving him/her, there is less chance for a young person to fall through the cracks because one agency "thought that another was handling it."

» The C.C.A. serves as an ongoing repository of the "methodology" of case management. If a case manager leaves his/her job, the knowledge of techniques does not leave with him/her.

» Centrally controlled training, supervision, and management, increases that likelihood that all case managers will operate in a consistent fashion.

WHAT ARE SOME CONTRIBUTORS TO FAILURE OF THIS MODEL?

Like any initiative in which one organization's staff is called upon to cross other institutions' traditional boundaries, the C.C.A. model carries with it a number of pitfalls -- all of which stem more from faulty implementation than from an inherent glitch in the model. Several examples of failed C.C.A. models illustrate the most common causes of system failure:

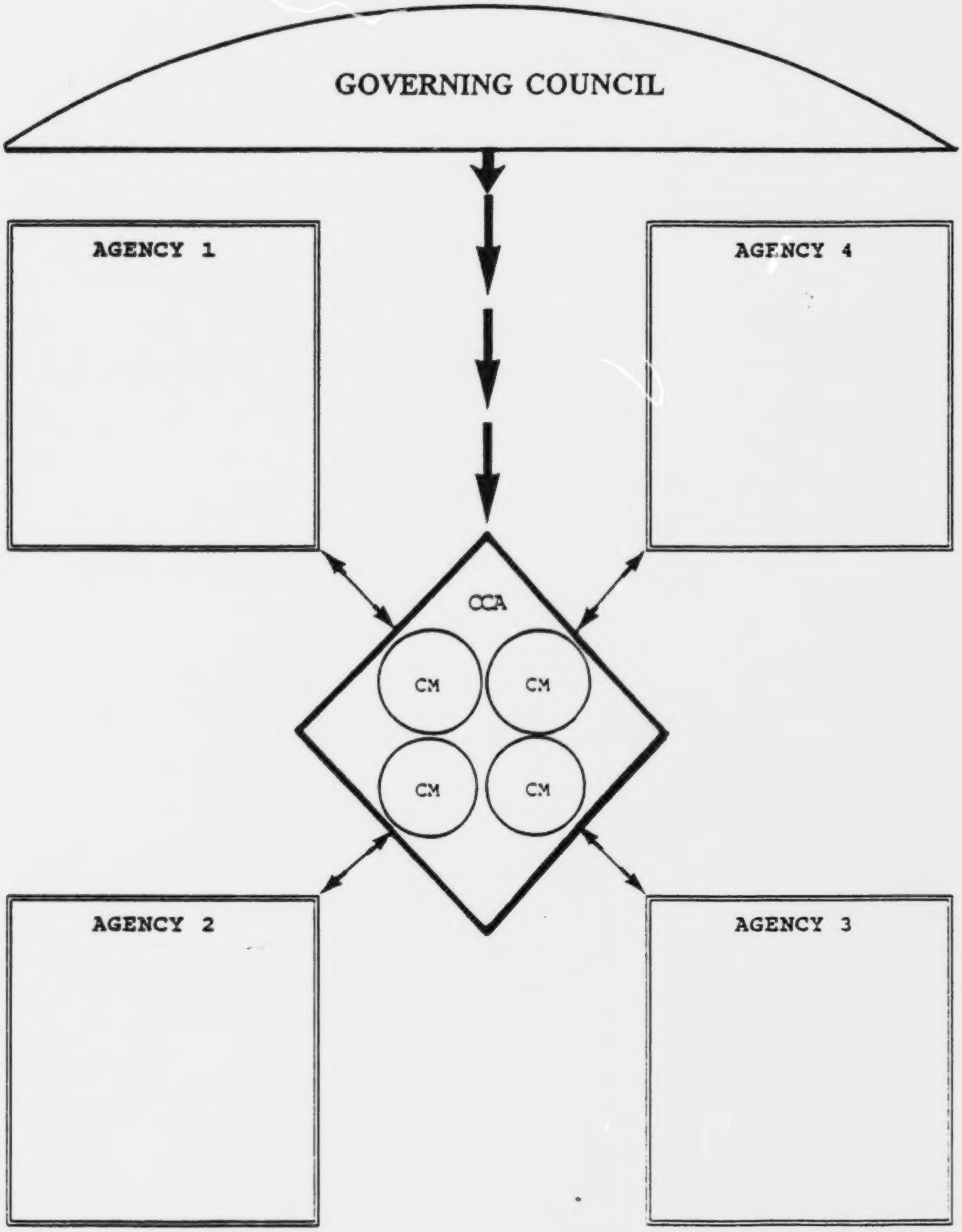
» In some cases, the creators of a C.C.A. system spent insufficient time involving and instilling ownership among individuals at all levels within each institution. Difficulties inevitably arose because the institutions and/or their staff didn't accept the C.C.A.'s role. They rejected the system because it had been foisted on them, rather than coming about through mutual agreement.

» When case managers' roles were unclear, or when they were not given the authority to work effectively with participating agencies, the model failed.

» When line staff in participating agencies were inadequately oriented to the case management system and its ways of operating, case managers were unable to access timely services for their clients. The clients became disillusioned, complained about "the ineffective case managers," and sometimes dropped out of services.

» When problems were not identified and solved quickly, it became very easy for participating institutions to blame the C.C.A. This scapegoating quickly led to the demise of what could have been very promising systems.

THE CENTRAL COORDINATING AGENCY MODEL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THE INSTITUTIONAL SPECIALIST/TEAM MODEL OF INTERINSTITUTIONAL CASE MANAGEMENT

The INSTITUTIONAL SPECIALIST/TEAM MODEL of case management calls for the formation of one or more teams of case managers, each member of which is employed by a different organization. Each case manager brings to his/her team knowledge about and influence with his/her particular organization. Team members merge their expertise to provide each young person with comprehensive services.

WHAT ARE THE ADVANTAGES OF THIS MODEL?

The Specialist/Team Model is a good way for a group of organizations to start the evolution into an interinstitutional case management system -- especially when one or more of those organizations were already doing case management on their own:

» It is common to find communities in which at least one agency already employs case managers, and others are considering doing so.

» It is also common to find communities in which several agencies employ case managers who compete with each other. In these situations, several "case plans" are being developed for the same young person, often without communication between each agency's case managers.

» Usually case managers employed by any one organization operate in the "generalist" mode. It is not particularly difficult for generalist case managers to evolve into specialist/team case managers.

» Use of the specialist/team model can remove the elements of competition and fragmented services by bringing together into a partnership those who had formally competed -- to the benefit of the young person.

A team of specialists may bring more expertise to each young person than could one case manager operating as a generalist:

The Institutional Specialist/Team model is based upon the concept that a well-coordinated group of specialists can serve youths more effectively than could an individual "generalist" case manager.

The model assumes that a generalist might regularly prove ineffective because a single person without team-mates would be hard-pressed to:

- grasp the intricacies of the many issues with which each client must cope;
- learn everything s/he needs to know about the many organizations providing the services his/her clients may need; and
- develop personal contacts among the many individuals s/he must deal with, across disciplines and institutions, to assure delivery of a comprehensive set of services for each and every one of his/her clients.

In other words, individual Institutional Specialist/Team case managers don't need to learn anywhere near the amount of information about clients or other institutions that would be necessary were they operating as generalists. Instead, they usually can use their existing areas of expertise. They pursue most of the activities already associated with their particular disciplines. What may be new to them is the expectation that they will be expected to work closely with case manager from other institutions in a well-coordinated, client-centered team.

The level of interinstitutional collaboration does not have to be quite as extensive as is necessary with the generalist model:

Participating organizations do not have to empower "outsider" case managers with control over their internal operations:

- Because each institution has "its own" case manager on the team, they don't have to give up power to other team members representing other institutions. Control, access, priority, or other issues still fall to their own employees. Their own case managers can still act as liaisons, to some extent, with case managers from other organizations.

Team members can support each other in a variety of important ways:

A group brings with it certain strengths. For example:

- Each team member brings to the group certain strengths and knowledge that may be passed on to other teammates.
- A group of professionals who look at a particular client's situation may, given their specialized orientations, come up with a more creative response to the young person's needs than would one person operating alone.
- If a member of the team is weak in some way, s/he may be bolstered by his/her teammates. They may teach him/her new techniques. They may push a "lazy" member to work harder. They may offset his/her weaknesses with their strengths.

- If a team member leaves the team for some reason, those teammates who remain have some feel for the departing member's clients, and can assure some continuity of services for those clients.
- A new team member can be oriented quickly, given his/her teammates' knowledge of individual clients, systems, and ways of working together.
- The model virtually assures that each young person will develop a unified plan -- one in which each agency knows and has agreed to its role and the timing of its interventions.
- Teammates can inform each other quickly about changes in their agencies' modes of operation and regulations.

WHAT ARE SOME OF THE COMMON CONTRIBUTORS TO FAILURE OF THIS MODEL?

There are few examples of the "Institutional Specialist/Team" model successfully serving at-risk youths. On the other hand, this is not necessarily due to a fault in the model. Rather, the usual reasons for failure stem from classic implementation errors. Most drawbacks could have been offset with good planning and an advance knowledge of the pitfalls associated with the model.

- The most common cause of failure of this model, by far, is inadequate, irregular communication among teammates, and between the team and other organizational levels. Too often, collaboration and communication turn out to be "lip-service." Planners could have developed better vehicles for communication.
- It is also common for whole teams to be expected to be responsible for all clients served by the team. No single person is responsible for any given client. When a group is assigned responsibility for anything, confusion and mis-communication inevitably occur. Clients fall through the cracks. Planners could have designed a strategy by which one team member was assigned the job of "primary case manager."
- As could be expected with any group situation, all of the "stuff" inherent in group dynamics inevitably happens. There's competition, turf battles, doubts about teammates' competence, one member who considers him/herself the expert, another who monopolizes conversations, etc. These could have been anticipated and overcome.

» There are numerous cases where institutional leaders design the team model without consulting, during the design process, those who will be called upon to do the managing and implementing. These efforts invariably fail because those at the top of the institutional ladder don't really understand what it takes to do the job at the line level. Leaders could have involved managers and implementers.

» Often, institutional leaders call for their respective line staff to collaborate and work in teams, then assume that the job is done. They don't realize that the team concept is a complex one that demands their ongoing attention. Leaders could have assumed, from "day 1" that they needed to stick with this effort.

» Each young person who encounters the team needs a "primary" case manager -- one team member who is ultimately responsible for his/her case regardless of which other teammates are involved. It is difficult to come up with a glitch-proof formula regarding how a primary case manager is chosen. None of the models address this question in a manner that lacks problems.

» Although they work together and perform nearly identical tasks, teammates may be paid at different rates, may receive different benefits, may work on different schedules, and have to cope with different rules. These variables certainly raise questions of fairness. The capacity to bring about equity may strain one or more partner-agencies' resources.

GENERIC LESSONS REGARDING THE SPECIALIST/TEAM MODEL:

Regardless of which variation of the Institutional Specialist/Team model is chosen, the following concepts apply:

Each case manager has a specific area of expertise:

Individually, none of the team members might be capable of serving the varied needs of a group of young people. But when teamed with other specialist case managers in a well-coordinated fashion, a comprehensive intervention becomes possible for a variety of clients.

Teams can be located in a variety of ways:

Institutional Specialist/Teams may be located in various places. The key to team location is that team members must be able to meet very regularly so that they feel like and act like a team. Some more common examples include:

- **Permanently co-locating each team of case managers in the same room.** Each team is assigned a room in a different location around the community. Among the advantages of this strategy are the following:

    - By visiting a single room in a building in his/her community, a young person can access "one-stop-shop" case management among participating agencies.

    - Because the team works in the same room, teammates know each other well and are prone to develop strong relationships with each other.

- **Permanently co-locating case managers from different institutions in the same building** (though not in the same room). Each team is assigned to a building in a different location around the community. Among the advantages of this strategy are the following:

    - At a single site, clients access "one-stop-shop" case management.

    - Although teammates may not share the same office, their presence in the same building still offers a good chance for them to know each other well and to develop strong relationships with each other (The key here is that they do regularly leave their individual offices to meet with each other).

- **Having case managers rotate the offices that they work out of.** For example, a typical team might consist of case managers representing JTPA, the Welfare Department, and the Public Schools. On Monday and Wednesday, the team operates out of the JTPA office. On Tuesday and Thursday, it works out of the Welfare Office. On Fridays, it works out of the high school. This version has a myriad permutations. It may be that during the morning the team is at one place, and during the afternoon at another. By locating the team at various sites at different times, the following advantages may be realized:

    - Turf battles may be lessened because no one agency controls where services are being delivered.

    - By moving around, services may be "brought to the young person" rather than requiring the young person to come to the case managers.

    - Case managers from different agencies become better familiarized with the work environments of their peers in other institutions.

    - There is an excellent chance for case managers to get to know each other well using this strategy.

» **Having case managers operate out of their own offices at their various agencies, but assuring that they meet regularly to discuss client cases.** This strategy brings with it the following advantages:

- Locating office space for a team is not an issue. Case managers simply use their own offices as they normally would (though they will probably require access to various conference rooms.
- Although teammates aren't "housed" close to each other, regular contact in meetings facilitates team operation (This assumes, of course, that teammates do actually meet regularly).

There must be a systematic process for communicating among case managers, other staff, clients, and service providers:

Face-to-face contacts among case managers must be very regular -- at least weekly and preferably more often (Although the telephone is an excellent tool that should be exploited to the hilt, it is not the sole basis for the team relationship. It merely augments regular, personal contacts of the full team). Team members must keep each other abreast on issues such as:

» Who are each of our current clients?
» Where are they going?
» How do we, and they, think they can get there?
» What are the overriding issues?
» What do they need?
» What is their status now?
» What is needed from each team-member for each youth: when, how, where?
» Who among the team is handling what now?
» What are other team members' next steps?

Good supervision is a must:

A supervisor is necessary to help the team learn to work together, to oversee day-to-day activities, and to deal with barriers to effective team operation.

Each young person must be assigned a "Primary Case Manager" from among the team members:

Usually, a young person will not deal directly with the whole team. Rather, s/he works with one team member -- his/her primary case manager.

The primary case manager takes ultimate responsibility for the youth's case as it is dealt with by various team members. The primary case manager also serves as the liaison and advocate for the young person with the team, and vice-versa. Normally, the young person only meets with another team member if s/he is being referred to that member's agency.

In some communities, the primary case manager role is always the responsibility of the same person.

» For example, in a team of five case managers representing four agencies, the fifth person is assigned the role of primary case manager. This team member is always assigned as client coordinator, advocate, and tracker. The other four members support him/her.

There are also examples in which each member of the team serves as primary case manager for some percentage of the team's caseload.

» For example, a four-member case team with a caseload of 100 clients might have each team-member serving as primary case manager for approximately 25 youths. Each new young person assigned to the team becomes the "responsibility of" the case manager who has the smallest load at the time.

In another model, the role of primary case manager falls to that team-member who represents the agency that the youth approached first. For example, a young person walks in the door seeking JTPA services. The JTPA representative on the team automatically becomes the primary case manager for this young person. Regardless of whatever agencies' services are needed and when, as defined by the client's case plan, the JTPA person remains the client's case manager.

Team-building training needs to happen up-front:

Any coach can tell you that a group of players who are called together for the first time and merely told to operate as a team can't and won't do so. They don't really know who their teammates are, or how those individuals operate. Team members have little basis for trust or respect. They may enter team membership holding stereotypical, negative views of one or more of their teammates or teammates' agencies.

It is common for each player to base his/her initial opinion of his new teammates on ignorance or hearsay. At the start, team-mates may be in a competition mode -- one that is negative. They may enter the relationship with attitudes such as, "If only those guys would get their act together, this whole thing would work well."

To make teamwork possible, the staff called upon to work as a team need time to learn how each teammate and his/her organization or department operates. The group needs to:

- hear about;
- investigate;
- analyze;
- question; and
- debate a series of personal, interdepartmental and/or interorganizational issues if they are to fully grasp key interpersonal and institutional issues.

From this experience -- best conveyed through a day-long (or more) retreat -- team-members will eventually grasp, usually for the first time:

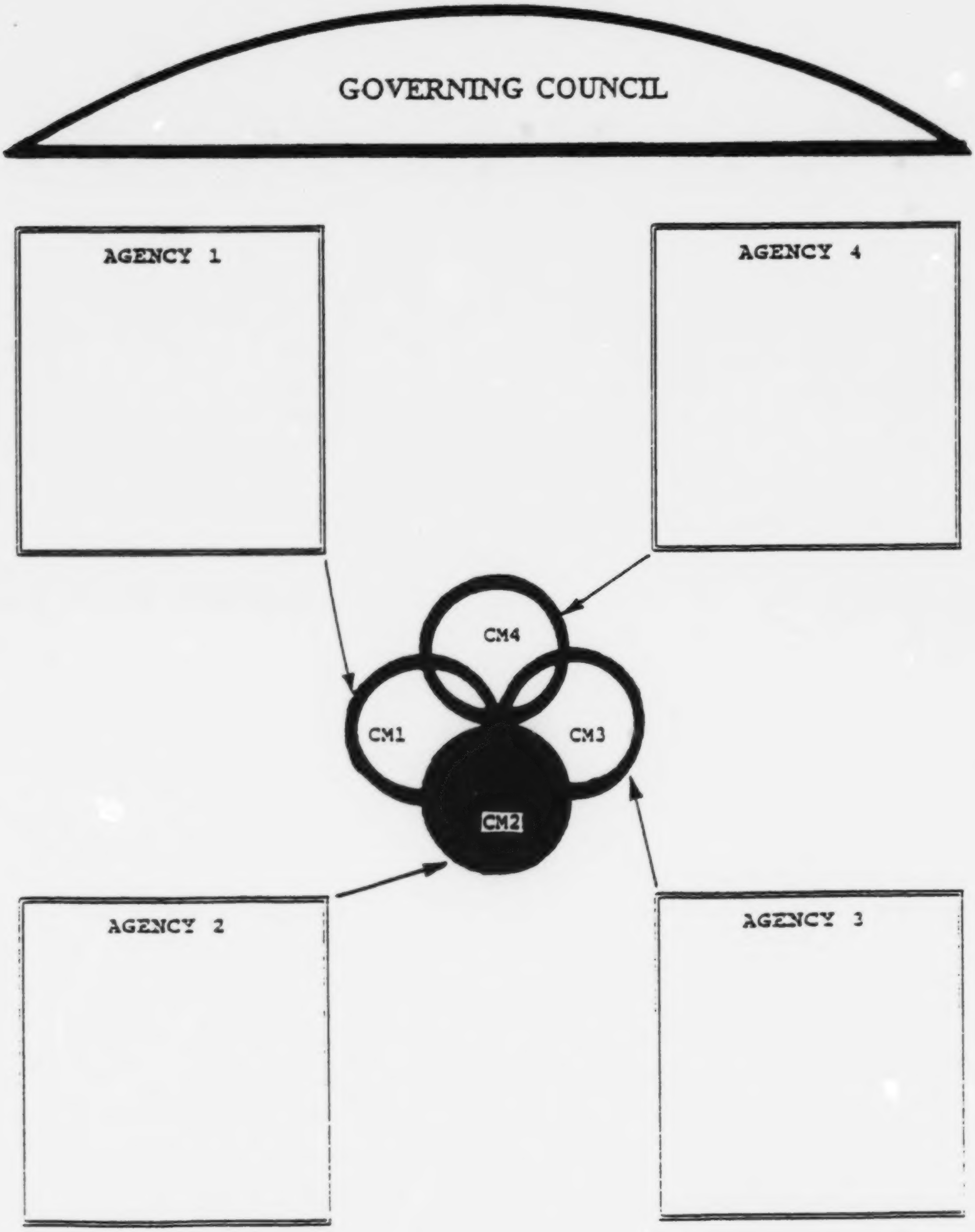
- individual styles, strengths, weaknesses, constraints, etc.; and
- organizational or departmental rules, regulations, client populations, systems, schedules, etc.

Team-building and system problem-solving must also be ongoing:

Over time, many issues about relationships between team members will arise. Some can be handled through solid supervision. Others are classic "group dynamics" issues that can best be addressed through group team-building and training activities.

In addition, teams will find that aspects of "the system" work against smooth cross-departmental or cross-institutional operations. It is crucial that there be problem-solving sessions involving members from individual teams, and also sessions involving multiple teams. Team members can be excellent resources for identifying, and generating solutions to, systemic problems.

THE SPECIALIST/TEAM MODEL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THE COORDINATING COUNCIL MODEL OF INTERINSTITUTIONAL CASE MANAGEMENT

The COORDINATING COUNCIL MODEL of case management is very ambitious, complex, and tough to implement. However, it brings with it strong potential for major, long-term rewards. If planned and implemented well, the Coordinating Council model can be a very effective case management approach. It can lead to a well-coordinated, community-wide effort to address the needs of at-risk clients.

Community leaders form a powerful governing board -- the Coordinating Council. Its membership needs to include an active, broad-based, and representative mix of people -- starting with leaders who control services and resources for the client population(s) that will receive case management. It must balance its membership mix with parents, clients, and representatives of community groups and other client-serving institutions. It will need to solidify links to non-member organizations, and to regularly seek community input into planning and advocacy.

Rather than being the employees of individual agencies, case managers become the employees of this interinstitutional Coordinating Council.

ADVANTAGES OF THE COORDINATING COUNCIL MODEL:

Because case managers work for the multi-institutional Council, their authority to cross institutional lines is enhanced. A case manager isn't an employee of one agency -- an outsider asking another for slots or "a personal favor." Rather, s/he is viewed as the employee of all the agencies on the council, and therefore is an insider among all involved organizations.

By developing mutually acceptable job descriptions and performance-measurement criteria, the Council can assure that all member-organizations can feel comfortable with the case managers' duties and capacities. Centrally controlled training, supervision, and management also increase that likelihood that all case managers will operate in a consistent fashion.

Similarly, case managers do not owe their allegiance to one particular agency. Among the case managers, at least, turf battles and finger-pointing behaviors are reduced. A case manager is also more likely to report a problematic agency or a glitch in the system than s/he would were s/he the employee of the agency causing the problem.

Looking at the bigger picture, over the long-run, a Coordinating Council can go far beyond maintaining the status quo.

A Coordinating Council can serve as a forum for identifying and addressing client needs. It can regularly take strong positions on client issues and can communicate those issues to the community. It can raise awareness about issues of urgency and build a constituency backing efforts to address them. It can influence local and state funding and policies affecting client outcomes. It can aggressively advocate for solutions to local problems.

If community leaders are ambitious and cooperative enough, a Council can make it possible for human service institutions to:

- provide better services;
- collaborate successfully;
- institutionalize case management through interagency agreements;
- involve state agencies in local planning and support; and
- evaluate the effectiveness of local institutions.

Ideally, a Council could have significant influence over the way funds are spent for clients among participating agencies. It could coordinate planning among member institutions to align client-servicing efforts so that they meet multiple, mutual, community goals. Eventually it might even be able to play a key role in influencing how monies are spent.

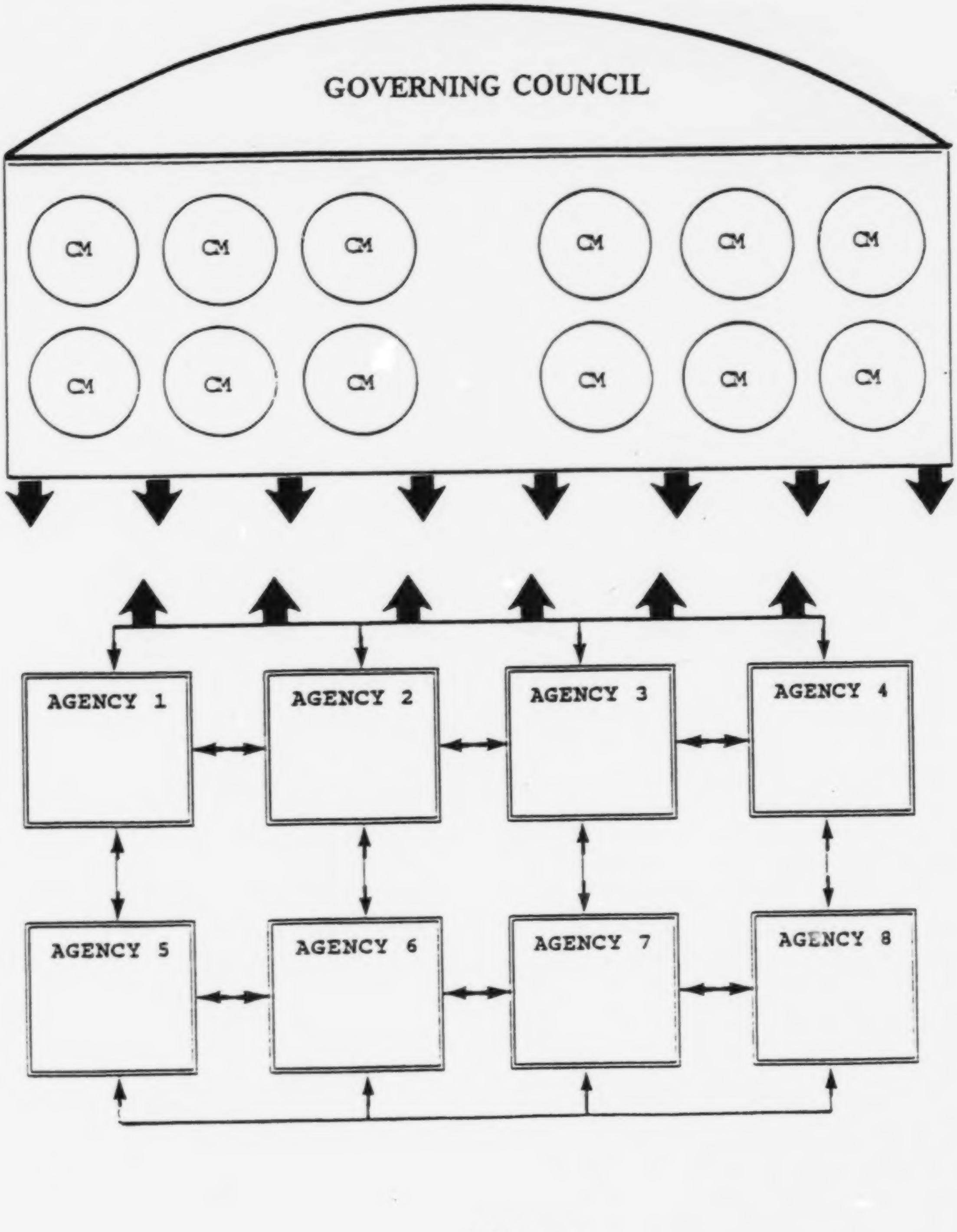
COMMON CONTRIBUTORS TO FAILURE OF THIS MODEL:

The primary problem with the Coordinating Council model is that few communities have proved themselves capable of creating and sustaining a Council capable of doing its job.

Setting up any partnership, even one seeking to achieve relatively unambitious goals, can be difficult. Turf issues, hidden agendas, lack of time or commitment, and a myriad other barriers appear and reappear. The goals of the Coordinating Council model are extremely ambitious, and therefore carry with them a high degree of difficulty. It is time-consuming to form an effective Council and to get community leaders to cooperate with each other over time. It can and will be a frustrating process.

Those wishing to develop a case management system using the Coordinating Council model would be well-advised to familiarize themselves and their peers, in depth, with the (well-documented) history and process of collaboration. All of the classic rules governing partnership formation apply here.

THE COORDINATING COUNCIL MODEL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CHAPTER 20
HOW DO COMPONENTS OF THE NEW SYSTEM GET DEVELOPED?

WHAT THIS CHAPTER COVERS:

After reading this chapter, the reader should be able to:

» discuss an array of planning steps, processes, and decisions that are necessary when developing a cross-organizational case management system.

This chapter draws together much of what has been presented in previous chapters and adds some new material. It focuses on the processes and sequences of activities necessary for leaders to bring about the creation of a local, interinstitutional case management system.

The processes presented here attempt to address the fact that case management has failed in many communities because upper-level managers and policy makers believed case management to be the function of line-staff and middle-management. A review of this chapter will make it very clear that leaders play an essential role.

Effective cross-organizational activities can't come about through the efforts of line staff and middle-management alone. They lack the power and influence to make things happen across institutional boundaries. Case management's potential for success relies upon the active involvement of individuals at the higher organizational levels to perform or oversee a broad array of important interagency tasks. Policy makers and agency leaders must view case management not only as a client-service function, but also as a multi-institutional system.

The pages that follow delineate the many tasks and decisions that policy-makers and upper-level managers must tackle if they wish to implement a comprehensive, cross-agency case management initiative in their community.

The writer is a "linear thinker" who focuses on "process." Hence tasks are listed in an approximate sequence. However, the reader should be aware that the sequence presented is not necessarily the order in which tasks should be conducted or completed.

DESIGN PHASE I
UP-FRONT TASKS FOR THE "VISIONARY" WHO WISHES TO BEGIN MOVING A GROUP OF COMMUNITY ORGANIZATIONS TOWARD A COMPREHENSIVE, INTERINSTITUTIONAL CASE MANAGEMENT SYSTEM

Nearly all interagency partnerships start with a "visionary" -- a person, organization, or small group that wishes to bring a group of organizations together to collaborate toward a common goal. This visionary may wish to do some advance thinking prior to attempting to bring other organizations on-board. Common tasks for the visionary to tackle are:

» Identify a tentative client population that appears a likely target group for cross-institutional case management.

» Suggest a possible "ultimate" outcome that might be sought for this tentative target group if a group of organizations worked closely together and coordinated their activities (e.g., When all of our work is done, what should members of the chosen target population have achieved or attained?). For example:

- employability;
- self-sufficiency;
- reducing public assistance dependency;
- avoiding removal from family and placement in foster care;
- reducing future pregnancies;
- reducing criminal justice system activity or recidivism; and
- reducing school drop-outs.

» Determine, on quick analysis, which organizations in the community are already providing case management services to this population AND are led by individuals with which the visionary has a solid working relationship.

» Determine, on a quick analysis, which other organizations (that may or may not offer case management) provide services that are regularly needed by this target population, AND are led by individuals with which the visionary has a relationship.

» "Sell" these individuals on the need to consider developing a coordinated interinstitutional case management system as a vehicle for better serving the chosen target population.

» Form a core planning group made up of these leaders and other key individuals.

DESIGN PHASE II
EARLY TASKS FOR A CORE PLANNING GROUP OF ORGANIZATIONAL LEADERS

For a committed partnership to be possible, its members must feel "ownership" for the issues and approaches around which the partnership is being formed. Members of the newly-created core planning group need to review, revise, and adopt some variation of the visionary's original ideas if they are to accept the cooperative effort as their own.

Therefore, the core planning group may wish to discuss and negotiate who it thinks should be the target population for an interagency case management system, and what major outcome(s) should be sought for this client group. The following tasks should be carried out by this core group with ample input from line and management staff:

» Acknowledge, up-front, that case loads exceeding 60 clients per case manager are unwieldy; hence the definition of a target population for case management is crucial. It must be of manageable size!

» Review the (tentative) client population recommended by the visionary, and negotiate whether this is indeed the target clientele that group members think case management should serve.

» Estimate how many clients at each agency fall under this target category.

» Narrow down the target population if numbers clearly preclude effective case management given expected staff size.

» Review the visionary's proposed "ultimate" client outcome, and negotiate a common vision of what group members agree might be the "ultimate" outcome sought for the proposed target group if all organizations worked together.

» If client numbers remain unwieldy:

> Define tentative guidelines regarding which clients might receive "full-scale" case management from a particular agency, or develop a process by which "who gets full-scale case management from this agency?" will be decided.
>
> Define what might be done with clients who will not receive full-scale case management -- a lesser version (how done?), or some other form of support? Perhaps full-scale case management provided by another agency?

» Analyze what common needs and barriers to achieving the proposed outcome the chosen target population typically faces.

» Determine what services are necessary to address these needs and barriers from the ideal standpoint.

» Prioritize these services and needs -- moving from ideal to reality by analyzing which services are necessities and which might be considered "frosting."

» Analyze which services addressing these needs and barriers already exist in the community -- paying special attention to priority versus frosting resources, and to what levels of quality and quantity are being provided.

» Define which additional organizations, and who within those organizations needs to be added to the planning group.

» Recruit new planning group members so that leaders who oversee key services are represented on the planning group.

DESIGN PHASE III
EARLY TASKS FOR AN EXPANDED GROUP OF ORGANIZATIONAL LEADERS

As was true with Phase II, the issue of "ownership" must be addressed again as new members are added to the planning group.

New members should be oriented to the thinking and planning processes that have already occurred. They should be informed that nothing done previously is "carved in stone," and that their participation and ideas are encouraged.

To assure ownership of all, some of the same steps carried out in Phase II must be repeated with the expanded leaders' group. When the full expanded leaders' group has agreed upon some variation the "old" issues, planning in new areas can proceed.

During Phase III, the expanded leaders' group will need to carry out the following tasks:

- » revise the target population and outcome(s) sought;
- » develop a realistic vision for an interinstitutional system;
- » define "case management;"
- » determine who will provide case management;
- » determine how clients' cross-institutional service strategies will be developed;
- » affirm that a committed partnership exists; and
- » develop system goals.

The intricacies of each of these steps are described below.

REVISING THE TARGET POPULATION AND OUTCOME(S) SOUGHT:

- » Analyze which of the community's existing services has adequate capacity to handle the needs of the proposed target population.

- » Analyze where there are voids in services -- either because of inadequate capacity or because the service is non-existent.

- » Decide whether previous decisions about choice of target population and outcome sought were realistic (given significant input from new planning group members and lower level staff-members).

- » Revise the target population and outcome sought accordingly.

DEVELOPING A REALISTIC VISION FOR AN INTERINSTITUTIONAL SYSTEM:

- Develop a concise statement defining who will be case managed and what ultimate outcome will be sought by the system.
- Develop a set of major client goals -- leading to the ultimate client outcome -- that an interinstitutional system of agencies might enable clients to attain.
- Confirm and/or revise the analysis of client needs and barriers that must be addressed if the target population is to achieve the set of major client goals.
- Begin delineating which organizations in the community might provide the various services and resources necessary to assist clients to fulfill these goals.

DEFINING "CASE MANAGEMENT:"

- Acknowledge that if a client is being served by more than one agency, the individual service plans at each agency must be mutually developed and well-coordinated.
- Negotiate a mutually-agreed-upon, cross-agency definition of "case management."
- Discuss and negotiate common case managers' roles (regardless of who employs them) as parts of an interinstitutional system.
- Define what it takes to be a good case manager in a cross-agency system (qualifications, training, supervision, allegiance) and how these issues will be addressed.
- Define what case managers will be able to promise, up-front, to their clients in terms of "guaranteed" services and resources from partner institutions (e.g., Will case managers have priority access to services offered by partner institutions? What does "priority access" mean?).

DETERMINING WHO WILL PROVIDE CASE MANAGEMENT:

- Review and discuss the pros and cons of various interagency case management models.
- Choose or devise a (tentative) case management model for further investigation (including which agencies and staff will provide case management).

» Define which agency will have primary responsibility for case managing a client who is being served by more than one agency, and in what situations.

» Determine which organizations have line staff who, although not presently providing case management, could or should be trained to be case managers? Of these organizations, which are willing to facilitate such a conversion?

» Define which agency or agencies, and which staff, might be responsible for providing specific case management activities.

» Develop a system through which case managers can communicate to leaders information re: how the system is operating.

» Translate case manager and agency roles into tasks and tentative cross-agency job descriptions.

» Analyze how much time case managers must spend on each task with each client if clients are to achieve the outcome sought.

» Present the (tentative) case management model to case managers, other line staff, and managers. Seek their input about its viability -- being especially careful about individual case managers' capacity to fulfill their duties given proposed caseloads.

» Using input from other levels:

- choose or devise a crossinstitutional model of case management and case manager role that is viable; or
- go back to "the drawing board" if the client population, outcome sought, goals, case manager duties, and caseloads simply are not viable.

» Confirm what constitutes a viable cross-institutional case management model.

» Solicit agency leaders' buy-in for this proposed model.

» Present the proposed cross-agency model to staff at lower levels for their input.

» Negotiate revisions to the model based upon this input.

» Confirm the final model of interinstitutional case management that will be adopted by partner organizations.

» Communicate decisions across agencies and staff levels.

DETERMINING HOW CLIENTS' CROSS-INSTITUTIONAL SERVICE PLANS (EDPs) WILL BE DEVELOPED:

» Clarify processes through which a single, coordinated service plan might be developed for each client across agencies.

» Clarify what will be each institution's frequency and description of services to be offered. (Some agencies will not have service plans, or will have plans so imprecise that they defy effective monitoring.)

» Determine how case managers will deal with eligibility and waiting lists.

» Determine how institutions will cope with professional language barriers. (i.e., Institutions tend to describe services in terms that have meanings specific to their particular field of specialization. Words such as "counseling", "mentoring", and "supervision" may convey very different things to representatives of separate systems.)

» Determine how the system will insure, or at least handle, issues of inclusiveness. (i.e., Very often, even with the best of intentions, someone gets left out. A meeting stemming from the assessment of a youth may result in the conclusion that a service from X is needed. X may not be represented at this meeting. Perhaps X was not invited because this service need was not foreseen. Maybe X could not attend due to a scheduling conflict. Possibly X does not yet have an agreement to participate in common planning.)

AFFIRMING THAT A COMMITTED PARTNERSHIP EXISTS:

» Confirm, among the institutional leaders involved, that the vision of client population, outcome sought, case manager role, and cross-institutional model is what they wish to pursue.

» Formalize this decision through vote or other route, agree to move forward, and publicize these decisions.

DEVELOPING SYSTEM GOALS:

» Draft a written description of the target population to be served, outcome sought, case management role, and system vision proposed.

» Distribute this description to all potential players who will be involved in the system.

» Draft a set of goals that cover over-all system or major cross-agency activities in the system.

» Divide the many aspects of case management that have been discussed into a series of component activities.

» Draft a set of goals tied to component activities.

» Draft a set of recommendations for measurable objectives tied to each goal.

» Submit these tentative goals and objectives to managers and line staff across organizations for their critique.

» Incorporate management/staff input into a revised set of system and component activity goals and objectives.

» Issue a policy statement defining the goals and objectives of the proposed system, and inviting further input and/or involvement as the resulting system evolves.

DESIGN PHASE IV
TRANSLATE GOALS AND OBJECTIVES INTO TASKS

After a vision of a case management system has evolved into a set of goals and objectives, there are a large number of tasks that must be performed to achieve those goals and objectives.

Members of the expanded leaders team, armed with significant input from other parties, translate goals and objectives for system development into a set of tasks to be completed by various groups and individuals throughout the community. Among these are a significant number of generic tasks that must be completed regardless of client population, outcome sought, model chosen, or resources available. These include:

» Reviewing current approaches, and developing new inter-organizational strategies:

  a) opportunities for increased efficiency within individual organizations;
  b) opportunities for increased efficiency across the overall system;
  c) opportunities for increased efficiency in cross-organizational information transfer;
  d) opportunities for increased efficiency in cross-organizational client movement;
  e) opportunities for reductions of duplication of services;
  f) definition of case manager role and function;
  g) opportunities for communication from/to case managers; and
  h) handling financial issues associated with collaboration;

» Identifying tasks by organizational level.

The intricacies of each of these steps are described below.

REVIEWING CURRENT APPROACHES, AND DEVELOPING NEW INTERORGANIZATIONAL STRATEGIES:

a) Opportunities For Increased Efficiency Within Individual Organizations:

» Determine which organizations have flexibility in which areas.

» Identify areas where various organizations' regulations or procedures appear to offer opportunities for flexible services.

» Identify areas where various organizations' regulations or procedures appear to hinder opportunities for flexible services.

» Determine which case management services must be delivered by a particular organization, in which specific cases, with which specific clients, and under what rules.

» Have someone who knows how to interpret rules and regulations review those of each partner organization determine exactly what can and cannot be done when coming from an interinstitutional system standpoint.

» Determine when an organization that appears to be handcuffed by stringent procedures may break from those procedures and how.

» Analyze which aspects of client-level case management activities that are now conducted in one-on-one sessions by an agency could be delivered in groups.

» Recommend and/or develop new group processes within and across agencies.

b) **Opportunities For Increased Efficiency Across the Overall System:**

» Determine which aspects of case management activities are duplicated across agencies.

» Recommend changes that reduce duplication/redundancy.

c) **Opportunities For Increased Efficiency In Cross-Organizational Information Transfer:**

» Determine what the content of each institution's assessment process is.

» Devise a process through which agencies will know, early on, whether more than one organization is serving the same young person.

» Determine where common testing and assessment instruments are used, and where different instruments are used to gather similar information.

» Determine which pieces of client background information are currently gathered by multiple agencies in a redundant or duplicative fashion -- processes and forms.

» Decide how to merge systems in which assessment and testing methods differ but similar information is sought...and agree upon ways to merge methodologies.

» Analyze how client information flows across agencies now.

- » Determine how client information could be shared across agencies in a way that acknowledges the need for clients' rights of confidentiality without using confidentiality as a barrier to collaboration.

- » Oversee development of one information-release form that acknowledges client confidentiality while being accepted by multiple agencies.

- » Oversee development of more-streamlined, less-redundant vehicles for gathering client information that can be shared and used across organizations.

d) Opportunities For Increased Efficiency In Cross-Organizational Client Movement:

- » Analyze how clients move from one organization to another.

- » Ask, "How will we make linkage smooth and understandable, and avoid having to make it up from scratch each time?"

- » Acknowledge "bottlenecks" in the system:

    - excellent, much-needed services that have long waiting lists (They deliver a needed service, but lack sufficient resources to meet the demand or have unwieldy enrollment procedures.);

    - excellent, much needed services that are under-enrolled (They need help with recruitment, publicity, and perhaps changes in enrollment procedures.);

    - well delivered, but "outdated" services that meet funders' basic requirements, but don't move clients forward;

    - services delivered in mediocre fashion, that provide "outdated" or needed services. Clients do not move forward significantly;

    - commonly needed client services that rarely are available;

    - commonly needed client services that are not available;

    - occasionally-needed client services that are sporadically available; and

    - occasionally-needed client services that are not available.

- » Ask, "What will be the extent of, and limits to, the case manager's authority to move clients throughout the system and within each institution?"

- » Recommend and/or develop procedures that would facilitate improved client flow across agencies through removal of bottlenecks.

- » Identify a "contact person" in each agency whose job will be to support case managers from other agencies, and to facilitate entry into programs of clients referred by case managers. Train these contact people, have them meet regularly with case managers, and instruct them to be a "service providers" to case managers and their clients.

e) Opportunities For Reductions Of Duplication of Services:

- » Consider what one organization is doing that could be done just as well by another.

- » Consider what several organizations all do that would be better done by only one.

- » Consider how geographical or building-centered thinking could be "broken" (e.g.,"Could their person work out of our building?").

- » How and when will a case manager who appears, at first, to be in charge of a youth's case transfer "authority" over that case to a case manager at another organization?

f) Definition Of Case Manager Role And Function:

- » Review job descriptions and salary rates of case managers at different organizations. Work to bring case manager tasks and pay rates toward standardization.

- » Consider how case managers' activities will be coordinated across organizations.

- » Determine who should "quarterback" the case management effort.

g) Opportunities For Communication from/to Case Managers:

- » Decide what kinds of meetings will be needed to facilitate communication, develop program, and solve problems?

- » Develop training in which case managers, supervisors, and others will be oriented to the new system, the planning process, cross-agency issues, and case management.

h) Handling Financial Issues Associated With Collaboration:

- » Identify financial resources to support case management.
- » Itemize and interpret rules and regulations governing use of financial resources in a cross-institutional system.
- » Develop financial management vehicles and forms.

IDENTIFYING TASKS BY ORGANIZATIONAL LEVEL:

- » Glean out those tasks that should be the responsibility of policy makers and upper-level management.
- » Determine which individuals should be responsible for tasks at these levels, and in what types of forum.
- » Determine which tasks should be the responsibility of individuals at the middle management and line staff levels.
- » Submit for critique these tasks to other individuals throughout the proposed system.
- » Solicit managers' and staff's input about tasks, ways of carrying them out, and estimated time-lines for completion.
- » Utilize this input to create a draft master-plan for the system-design process
- » Submit this plan to all parties for critique.
- » Incorporate critiques into a "final" plan for system design.
- » Confirm, among the institutional leaders involved, that the master plan as created is what they wish to pursue.
- » Formally finalize this decision, through vote or other route, and agree to move forward.
- » Notify all involved parties that pursuit of the master plan has been formally approved.

DESIGN PHASE V
BEGIN DESIGNING THE DELEGATION PROCESS

After members of the leaders' group have a sense of what has to be tackled by individuals outside of their group, they can begin developing a management structure.

This phase of activity involves two key processes:

- setting up a chain of authority; and
- overseeing formation of appropriate task forces.

The intricacies of each of these steps are described below.

SETTING UP A CHAIN OF AUTHORITY:

- Develop a job description for an individual to lead the entire case management planning and system-development effort, and a set of outcomes expected. Clarify his/her level of power and influence, where s/he has leeway, and what limits s/he must operate under.

- Solicit nominations for this person from all levels across agencies -- line staff, middle management, and upper-level managers and policy makers.

- Review nominations considering each nominee's understanding of case management and interinstitutional collaboration, and his/her respect among and capacity to work with various levels of staff across agencies.

- Interview nominees.

- Choose who will be leader -- and hence ultimately responsible -- for the case management planning and system-development effort.

- Orient this person, communicate his/her appointment to the position to other key parties, and stress the importance of cooperation with this person among those parties.

- Develop a process through which conflicts in any aspect of system development might be overcome.

OVERSEEING FORMATION OF APPROPRIATE TASK-FORCES:

» Formalize a set of ad hoc and standing task forces that need to be organized.

» Define the outcomes each task force should achieve.

» Generate a set of recommendations regarding membership of each task-force -- considering issues such as member skills and organizational representation.

» Solicit recommendations for chairpersons for each task force (based upon leadership skills, group facilitation skills, knowledge of multiple agencies, organizing skills, and history of "getting things done in teams.").

» Interview and choose potential task force chairpersons.

» Orient chairpersons to the roles and tasks of their respective task forces, outcomes expected, time-lines, and the systemic "big picture."

» Solicit input from chair-people regarding expectations of their respective task forces, and revise plans as appropriate.

» Suggest task-force members, and support recruitment of those individuals.

» Empower chair-people to choose task force members of their choice.

» Where possible, reduce regular duties of chair-people and task force members so that they may devote considerable time to system development tasks.

» Oversee task force creation and orientation.

» Confirm leaders' commitment to task force efforts, and charge task force members with their work.

» Develop a communication vehicle through which task forces can report on progress and keep each other informed about cross-task-force issues.

» Develop a series of forums that can be used to further cultivate interinstitutional and personal relationships.

» Form a "think-tank" to investigate how the interest and involvement of partner organizations can be maintained.

» Consider what will have to be done to prepare for turnover of key players so that damage to the system is minimized.

DESIGN PHASE VI
OVERSEE TASK FORCE PRODUCTION

Once task forces are up-and-running, leaders don't just drop out of sight. They need to play a major role supporting and coordinating task force operations and communications. Members of the leaders' group need to:

» Regularly show interest in task forces' work.

» Attend task force meetings when possible in a supportive (rather than supervisory) role.

» Acknowledge that task force members are performing their functions on top of their regularly required duties.

» Regularly ask task force chair-people and members, "How can I or 'we leaders' help?"

» Monitor task force progress versus tentative time-lines, and adjust time-lines as appropriate.

» Define a process through which inter-organizational, single task force, and inter-task-force problems will be solved.

» Arrange a vehicle through which conflicts stemming from partner organizations' various regulations, reporting requirements, and performance standards can be overcome.

» Assure timely communication across task forces, especially when one task force's work affects that of another.

» Manage, communicate, and coordinate.

DESIGN PHASE VII
FORMALIZE SYSTEM DESIGN

As task forces operate over time, they will complete aspects of their assignments. Leaders' need to congratulate task force members for their hard work, and (whenever possible) formally adopt task force outcomes as part of the new system. To perform these functions, leaders need to:

» Regularly solicit input from task forces regarding policies and procedures that should be formally supported by agency leaders.

» Review and critique work completed by task forces.

» Submit task force "completions" to other parties and constituencies for review and critique.

» Incorporate critiques into aspects of the systemic plan.

» Formally approve and acknowledge fully-completed and critiqued aspects of the plan.

» Enter completed system designs, decisions, policies, and procedures into a "system master plan."

» When all task forces have completed their work and have had it critiqued and approved, present this "final master plan" to all key parties for review and critique.

» Incorporate input.

» Develop a concise written document describing the proposed case management system.

» Confirm all leaders' support of the plan.

» Vote to approve the plan.

DESIGN PHASE VIII
PREPARE FOR IMPLEMENTATION

Before moving to the implementation stage, the leaders' group may conduct a last "checking in" process by asking themselves the following pre-implementation questions:

» Are our plans realistic?

» Do we know what we're going to do with areas where the realism of our plans is questionable?

» Do we know exactly who is in charge of what?

» Do those in charge know who under their supervision is responsible for what?

» Do we have a way to describe what we intend to our own staffs and to other involved parties and constituencies?

» Do the directors of other involved organizations thoroughly understand their roles and those of their staffs?

» Have all parties and constituencies been oriented to the new system?

» Do we have the support of everyone whose support is needed?

» Do we have a way to deal with those who do not support what we're striving for to the extent we'd like?

» Is there a vehicle through which training will be provided to those who need it?

» Has a realistic time-line for implementation been developed?

» Have we set up adequate vehicles for inter-organizational and inter-personal communication?

» Do those "below" us believe that they can communicate problems to us "safely?"

» Do we know what we will do when problems crop up?

» Have we set up a regular meeting schedule through which we can quickly address inter-organizational concerns and problems that are brought to our attention.

» Do we know how we will evaluate system outcomes and process?

With these many questions satisfactorily answered, it may be time to implement the system.

Leaders' roles don't end with the completion of the planning process. Rather, they will need to give the implementation process their active and concerted attention, remembering that the best of plans will encounter problems that weren't even imagined earlier. Much can, and will, go wrong.

As the system gears up, unanticipated problems will crop up, and "glitches" in the system will become evident. The leaders' group will regularly be called upon to solve problems quickly, to set up new task forces, to make decisions, and to formulate new policies.

Amidst all the hard work of developing systems and agreements, it is easy to forget that a key reason for case management is that most systems and agreements don't work in the best interest of all young people. Clear patterns of system failure should be identified by case managers, and communicated to the Governing Council which has the responsibility of changing the system accordingly.

However, even if the system is good, an occasional young person may need some sort of waiver. Therefore, some room needs to be left for "waivers."

A case manager may feel strongly that a particular youth's situation warrants a unique variance from the system's usual way of doing things. There needs to be some process -- perhaps a person or case review committee -- that has the power to bend the system so that all necessary institutions can do their part to meet a particular young person's unique needs. The key concept here is that nobody says, "We can't do that" because "the system" doesn't seem to allow it. If a youth really needs case management, s/he should receive it.

CHAPTER 21
WHAT MUST BE DONE TO GOVERN A CASE MANAGEMENT SYSTEM?

THIS CHAPTER WILL ENABLE THE READER TO:

- » describe why a governing council is necessary to support case management; and
- » discuss possible roles, tasks, responsibilities, and issues that might fall within the jurisdiction of a local case management governing council.

Once a group of human service organizations have moved heavily into the system-planning process, they must consider the issue of ongoing governance and management of that system.

There are a number of steps necessary to develop a cohesive group capable of overseeing and operating an effective case management system over time. It may be that the leaders planning group will evolve into this governance group. On the other hand, it may be appropriate for a "new" group to evolve which is composed of some of the planning group plus new members who are more management oriented (in contrast to planning oriented).

The history of interinstitutional partnerships shows that the formation of a governance group is crucial.

- » When institutional involvement in a case management system is voluntary, and when it includes empowering case managers to smoothly access services across institutional boundaries. The organizations involved will find many issues to protest about. After all, working together over the long-term will require them to break from tradition. They will have to continually lay aside turf, normal modes of operation, and many institutional agendas. They will have to help each other, rather than compete.
- » The kinds of institutional change needed for a voluntary case management system to thrive over the long-term will happen only if there is a driving force behind them -- one with the power and credibility to stimulate, sell, push, cajole, monitor, and empower those who plan and implement.
- » As was true during the planning process, this governing force must be inclusive. It must involve the very individuals whose institutions are being called upon to change. It must also involve those who receive services so that a vehicle is always present to let institutions know whether they are doing their jobs.
- » This force must wield sufficient power and influence to be able to overcome the resistance that is inevitable when the word "change" is uttered again and again.

For the purposes of this narrative, we will henceforth call this entity a "governing council" or "the council."

STRUCTURING THE PLAYERS:

Including a large number of individuals in the governance process will inevitably present a practical problem: the proceedings of a council of unwieldy size will be difficult to manage. There is no single model or procedure that effectively counters this problem. The structure of a governing council must be developed locally to meet local needs.

Certainly, a small group could structure itself internally to do business conveniently. However, with a large group, structure becomes more complex and more important.

Given a strong leader, a large council might do its job effectively, although it would always struggle with how to address or incorporate what might be a valid minority opinion.

One alternative might be a smaller central council with ultimate voting power, tied to a constellation of empowered subcommittees and other groups that communicate regularly, interrelate, and wield considerable influence with that central council.

Regardless of structure, the real test of the governing council's effectiveness is whether all constituencies are listened to, have a sense of partnership and ownership, and accede comfortably to the council's decisions and power over the long haul.

Sub-committees might consist of representatives appointed by participating organizations. In many cases, this is the vehicle through which players at all levels within each organization can be brought in (if they haven't been already). As was true during planning stages, it's not just the top people who need to be involved. No case management system can succeed if it relies solely upon upper echelon players. Middle management and line staff have a role. Parents have a role. Young people have too.

The basic rule is: Those who are not involved in the process will not "own" this important effort. It will feel like they are being handed someone else's project, fait accompli. Because it is not their project, they will not be committed to it. They may even sabotage it.

It must also be acknowledged that amidst the best designed systems exist burned-out bureaucrats, paper-pushers, "super-clerks," and others who everyone would like to ignore. These individuals may want things to be easy, and may resist efforts that might cause them discomfort. Unfortunately, they can kill the system if they are not involved. Hence, they must be an integral part of the system. Their spoken and unspoken protests, "We can't do that because of blah, blah, blah," must be overcome through persuasion, and sometimes through pressure from their superiors and peers on the governing council or its satellite groups.

WHAT MIGHT BE THE COUNCIL'S OPERATIONAL PHILOSOPHY?

For a governing council to be effective and exciting enough to retain involvement of leaders over time, it must be a constantly evolving, political vehicle for institutional change. Its agenda might include:

- communicating, guaranteeing, maintaining, and reinforcing a long-term commitment across institutions to provide a timely, coordinated, integrated range of positive options for young people;
- doing whatever is necessary at the institutional level to make delivery of this commitment possible; and
- spearheading and maintaining an ongoing message about the needs of young people, and regularly advocating for the resources necessary to meet those needs.

To fulfill such an agenda, a governing council's mission and role might be based upon principles such as:

Principle #1: The composition of the council and its subdivisions should reflect the key players who can contribute to an effective system for youths.

Principle #2: The council should strive to become a major force through which needs of young people are identified, communicated, and held up as high priority issues in the community.

Principle #3: The council should be authorized by its component partners to exercise collective authority which is binding upon those partners' behavior, policies, performance, and decision making.

Principle #4: The council should be a stimulus for an integrated interinstitutional system of services that are coordinated by case management and supported through collaboration.

Principle #5: The council will become capable of garnering, pooling, directing, and re-directing currently available and new financial resources among its partners.

Principle #6: The council will evolve to become a forum for financial and program management.

If a governing council has foresight, ambition, and patience, it can evolve over time to become a significant force for change in the operations and financial management of member institutions, or even of all youth-serving institutions in a community.

For example, such a council might work with youth-serving institutions to:

- » develop methods for reviewing the total budget requests of member institutions;
- » develop more common priorities in the ways institutions spend their money and apply their resources; and
- » collectively advocate for, secure, or reallocate resources to:
  - more broadly advocate for whatever additional resources are needed by constituent institutions to do their jobs effectively;
  - enable institutions to pool what are now separate resources when it makes sense to manage them together in a coordinated way; and
  - become a powerful, local fund-raiser for the community and its youths.

A powerful council might take on the role of bringing about coordinated service delivery and institutional change by working with youth-serving institutions to:

- identify service voids;
- find ways to improve services through collaboration;
- solve problems among and within partner institutions;
- share ideas among institutions; and
- collectively envision and use case management as a central vehicle to better:
  - understand the needs of young people;
  - increase efficiency and timeliness of multiple services for young people; and
  - make it possible for young people and their parents to see a single point of access to all services.

Such a council will not achieve these things by fiat or by any single set of decisions, plans, or endorsements. Rather, it will need to be involved over the long term in an ongoing process of collective assessment of various problems, collective decision- making, collective pushes for institutional change, and collective accountability for what happens to young people.

Such a council can benefit most institutions over the long-run if they are willing to endure that short-term pain. It can support each institution and the management effort through its influence, its power to direct funds, its ability to call for policy change. It can call for institutions to move away from their traditional modes of operation, and to try new, better coordinated service delivery strategies.

Through its power and influence, the council can seek to create more effective programming, change policies that are ineffective or work to the detriment of young people, and support efforts that work well or show promise. In concert with the larger community it represents, such a council can develop and implement financial plans which support expansion and maintenance of the case management effort as a permanent part of the service delivery system.

This type of formal case management collaborative seeks to establish a system where interagency collaboration is the norm. It sees a system where staff are expected to cooperate across agency lines and are called to task if they do not. It sees a system where it is unthinkable for three, or eight, assessments of an individual youth to sit unshared in separate file cabinets without being synthesized into a comprehensive assessment.

Within this "limited partnership" model, a young person who requires a service not among those offered by the collaborating group can turn to his/her case manager for help. The case manager can then attempt to access the needed service in the traditional "ad hoc" manner commonly used when no collaborative arrangement is present.

CHAPTER 22
HOW DOES ONE FORMULATE EFFECTIVE INTERAGENCY AGREEMENTS?

THIS CHAPTER WILL ENABLE THE READER TO:

» list key elements that should be included among the contents of an interinstitutional agreement; and

» describe the characteristics of an effective agreement.

As the initial planning process nears its end, work can commence on formalizing, through written agreements, which institutions will be responsible for what. It will be necessary for institutions to adopt a philosophy of risk-taking as they formally agree to implement what the planning process has produced. They will need to put in writing formal agreements that:

» agree upon common language;
» define common target populations;
» accept a mutual "umbrella" client outcome, and accompanying goals and objectives;
» define case management and delineate case manager functions;
» identify common practices;
» pave the way for smooth transfer of information and clients across institutions;
» structure services based upon patterns of need among their target group;
» form an action plan that translates the system's objectives into concrete tasks;
» assign tasks to various workers at each organization;
» design a vehicle to assure that the system continually meets client needs; and
» allow cross-agency sharing of positive outcomes of mutually-served youths.

HOW CAN EFFECTIVE INTERINSTITUTIONAL AGREEMENTS BE DEVELOPED?

Regardless of the governance model or scope of services chosen, written pacts between institutions are a necessity, and should be developed early in the process to ensure and maximize case management effectiveness.

Some of these can be influenced through political leveraging ("Look at the clout of our council membership!) or by toying with matching funds ("If you do this, we'll kick in $$").

In other words, no matter what they are called (subcontracts, fee-for-service agreements, interagency agreements, etc.), institutional change can be stimulated through well-formulated agreements.

Over time, the governing council will need to invest considerable effort to develop cross-system knowledge and understanding of the goals, procedures, funding, and constraints of the institutions in its community.

There is no magic formula for developing such agreements; however, the following issues form a minimal framework for concrete, operational details that represent the meat of a formal, interinstitutional agreement:

» Who is entering into agreement? While this might seem obvious, it often is not. Is the agreement with an organization's board of directors? With the executive director? With a branch office, or the organization as a whole? With the principal or the superintendent? Is the agreement being made with an interagency governing board? With a "lead agency?" With the case management director? Identification of the parties is important for accountability. Both sides should think strategically, "Whose name should be on the dotted line?"

» What is the purpose of the agreement? Presumably every agreement will be entered into for the purpose of helping at-risk youths in some specific ways, and it is helpful to say so. But how will the agreement, and the services it describes, help? Without necessarily getting tied down in statistical analyses, the agreement ought to state what is to be accomplished -- increased efficiency, more one-on-one time with kids, increased access to services, etc. To the extent possible, it should also describe how these changes can be measured.

» What is the scope of the agreement? A single agreement, particularly between large and complex organizations, will be unlikely to capture all that goes on between those organizations. It is important to be as specific as possible about what will be covered. Several limited-scope agreements, or large agreements with sub-parts, may be preferable to a large, all encompassing mega-agreement that is so general that it is little more than an agreement to cooperate in non-specific ways.

» Who does the agreement cover? As a part of the "scope" discussion, it is important to focus on the question of target population. For example, many organizations may have city-wide or county-wide responsibilities for many age groups, while a case management collaborative may be more focused. Agreements need to state who they cover: "economically-disadvantaged youths 13-18 years old" or "students at particular schools or from a particular neighborhood," etc.

» What is the time-frame for the agreement? While it might be tempting to try to establish "permanent" agreements, they often have little more than symbolic value. Too many things change over time and too much is learned for most long-term agreements to remain permanently useful. Instead, a specific review process may help to keep an agreement current and useful. It might be the best of all possible worlds to establish an agreement that is expected to be permanent, but incorporates an automatic annual review, evaluation, and update by the participants. It is important to go through a formal process of discussing whether goals were met, how the process might be improved, whether participants can continue to make the pledges that they have in the past. A symbolic "re-signing" will aid in keeping the participants serious about their agreements.

» What are the financial considerations, if any? Agreements will be of two kinds: those in which the parties agree to certain actions, but no money changes hands; or those where one party agrees to pay the other for services rendered. In either case, but particularly in the latter, detailed descriptions of expectations and evaluation criteria are critical. And these agreements don't have to be one-shot-deals. They can look over the long-run. Short-term performance of a small scale project can lead to expanded funding over the long-term.

It falls to the governing council as initiator of the agreement to pre-plan so that it has a pretty good idea of what it wants in both short- and long-term agreements, as well as what it can and should give in return.

This is not to suggest a rigid approach -- there will need to be negotiations and deals. Sometimes it will be necessary to get less and give more than would be ideal. But the governing council must offer the starting point. It must express, up-front, what it wants, and how youth services will be improved through such agreements. Case managers will provide key information about how the partners to the agreement perform. From that point on, it must be open to negotiation.

In addition, although one tends to think in terms of bi-lateral agreements, there are areas where agreements might best be forged between three or more organizations. At-risk youths are beset by multiple, complex problems that rarely fall solely under the mission of one or two organizations. In these instances the governing council can be the catalyst that brings multiple agencies to the table.

Agreements that are of value among peer institutions require their signers to lower organizational protective shields, trust their cross-system colleagues, and take risks.

Beyond such agreements, there is potential for other joint ventures that might have more far reaching consequences in terms of institutional change. Agreements might be developed to:

- jointly create annual budgets and program plans in arenas where target populations and goals are complementary;

- jointly advocate for changes in local or state policies, or for additional resources;

- change the targets or process of intervention, e.g. to jointly stress earlier intervention, or to move to an even more community-based strategy;

- develop a major interinstitutional initiative, jointly seek grant funds, or co-locate staff in a targeted neighborhood; and

- use staff in new and different ways: to co-locate or jointly out-station, etc.

We also stress that developing, negotiating, and implementing interinstitutional agreements is an ongoing process. No first-round of agreements can reasonably be expected to do more than scratch the surface of a community's coordination needs.

Youth problems may shift over time and certainly agency capacities and resources will not remain static. The ongoing experience of case managers, service providers, and youths should be expected to continually challenge the governing council to produce additional or improved coordination agreements.

As such, it is important to create an expectation that ongoing system reform - in part through interinstitutional agreements - will become not a special, one-time event. Rather it will represent a normal, natural part of doing business in the community. Without such an expectation, institutions that have "been to the table" once may feel that their job is done, and may strenuously resist second-round and ongoing efforts.

There will also be other informal (sometimes even verbal) agreements between individuals (such as a personal agreement between a case-manager and an intake worker about what information a client should have when arriving at an intake appointment). However, it is only because of the formal, written agreements stimulated by the governing council that these informal agreements can have clout.

CHAPTER 23
WHAT ROLE SHOULD CASE MANAGERS PLAY IN FACILITATING IMPROVEMENT OF A COMMUNITY'S HUMAN SERVICE SYSTEM?

THIS CHAPTER WILL ENABLE THE READER TO:

- » discuss what the roles of various players might need to be if they are to initiate serious institutional and/or systems change in their community;
- » identify the types of information that leaders and policy-makers need to receive, and clarify what form that information should take;
- » describe the role of case managers as a source of "consumer feedback" -- identifying "what's going on in the community" -- successful interventions for youths, patterns of youth needs, gaps in services, etc.), and communicating such issues to the governing council; and
- » analyze the role of governing council members in using this information to stimulate institutional change, seek or redirect resources, and support case managers' efforts to deliver timely, client-centered services.

In a well-designed system, case managers identify "what's really going on in the community" (i.e., successful interventions on behalf of youths, patterns of youth needs, gaps in services, etc.), and communicate such issues to their governing council.

In turn, council members are expected to use this information to stimulate institutional change, seek or redirect resources, and in other ways support case managers' efforts to deliver comprehensive, timely, "client-centered" services.

Results will be particularly enhanced if:

- » agency leaders set up a formal system of communication through which case managers regularly meet with leaders to provide, in a safe environment, information about how the system is functioning; and
- » communication occurs using a "closed loop" system whereby the governing council not only assures regular, direct, two-way communication with case managers, but also communicates back to them what was done or will be done with the information case managers provided.

WHAT SHOULD COMMUNITY LEADERS DO AND BE IF THEY ARE TO USE INFORMATION FROM CASE MANAGERS?

Well-designed communication channels (e.g. ones in which case managers are given ample opportunity to communicate issues directly to council members and vice-versa) do not necessarily guarantee that information will be used effectively.

Governing councils have some work to do to assure that they are capable of translating information from case managers into action steps. Council members must understand and accept their role as the group with primary responsibility for assuring that case managers are supported and empowered to do their jobs.

Little of value will happen until the governing council takes it upon itself to learn and internalize:

» what it's like to be an economically-disadvantaged youth in the community's existing youth service "system;"

» what else is in the "system" besides the case management initiative and its cooperating institutions (e.g., What are the other "games in town?" How do they relate to, do they impact upon, and/or are they affected by the case management initiative?);

» the institutional barriers to effective services that have been set up;

» the vision of what case managers are called upon to do (i.e., Should case managers do direct service? Or should case managers limit their actions to indirect services -- identifying service needs and arranging for them to be handled by others in the community?);

» the reality of being a case manager given this role; and

» what makes case managers different from the community's other human service professionals -- especially those who, at first glance, seem to be doing similar things;

The governing council needs to assure case manager safety and trust in terms of being the gatherer and/or messenger of "damaging" information:

If case managers are expected to identify resource gaps or inadequate services -- there must be a relationship of mutual trust between the two groups.

Some case managers may be uncomfortable with the "program monitor" aspect of their jobs. They may feel that they are viewed by other professionals as "spies" or "finks." They may wonder whether they will experience negative repercussions from members of the governing council if, by doing their jobs well, they report problems with those members' own institutions.

Case managers will need the support of the institutional leaders on the governing council in several areas:

» Council members will need to instruct staff in their own institutions to be open to, and cooperate with, case managers.

» Council members need to make honest appraisals of what the youth-serving "system" is really like -- and be willing to change that system -- moving in non-traditional ways.

» Council members will need to acknowledge that there may be some problems with their own institutions, and must be willing to accept constructive criticism from case managers and from other council members.

» Council members must work as partners with case managers to develop interinstitutional agreements leading to policy changes that benefit youths.

The council should decide how and when issues should be handled at the case management or staff levels rather than by the governing council:

Many problems will never reach the governing council, but instead will be handled at lower levels.

Sometimes this is healthy and effective. Sometimes it is not.

Lower level solutions are unhealthy if they occur because case managers and others have had to tackle issues themselves because they couldn't count on the governing council to do so.

Another crucial issue regarding lower level "solutions" is that they may address one individual youth's case rather than larger policy-driven or interinstitutional issues that contributed to the problem in the first place. This can be healthy if a young person's situation is relatively unique. However, often the situation is only one example of a regularly recurring problem. When dealt with at the lower levels, case managers and staff sometimes spend inordinate amounts of time putting out individual fires without dealing with root problems.

In general, case managers need governing council members to:

- acknowledge that issues should often be tackled first at lower levels (e.g., the "lowest common denominator" point);
- sign-off on lower-level solutions when they seem appropriate and effective;
- seek information about patterns of recurring problems that have not been adequately addressed at lower levels;
- consider one of the council's roles to be addressing patterns of issues through interinstitutional agreements, policy changes, or the "arm-bending" that is possible through the collective power of the leaders on the council;
- act as an influential "lever" with the collective power to create major change;
- make sure that "nothing" doesn't happen (e.g., Council members must strive for and demonstrate willingness to change agency behaviors even when it means that their own agencies must change in an uncomfortable manner.);
- "bite the political bullet" (e.g., Council members must be willing to take unpopular stands in the name of assuring quality services for youths despite possible political ramifications for doing so); and
- identify who is responsible for making changes, and do what is necessary to influence those changes -- taking advantage of the council's collective power.

HOW CAN COMMUNICATION BETWEEN CASE MANAGERS AND COMMUNITY LEADERS BE FACILITATED?

Preferably, formal communication systems will allow direct, two-way dialogue between case managers and council members. Some possible vehicles are:

- Set up one or more special sub-committees of the governing council whose job it is to receive and process information provided by case managers.
- Encourage case managers participate in regularly scheduled council meetings.
- Schedule special meetings of the council specifically for dialogue between case managers and all council members.
- Allow case managers to contribute to the process of generating possible solutions to community problems.

There are also ways to improve indirect communications by minimizing the bureaucratic distance between case managers and the governing council, among them:

- » enabling the case management supervisor or director to report directly to the council at its regular meetings;
- » setting a policy that reporting will be "reality-based" (e.g., no "polishing" or "positive-editing" of reports at each successive bureaucratic rung of the ladder as information makes its way through channels to the council); and
- » designing a "closed loop" communication system in which case managers communicate data to the council, and the council communicates back to case managers how that data was used.

HOW CAN CASE MANAGERS COMMUNICATE EFFECTIVELY WITH COMMUNITY LEADERS?

- » Reports should describe what's working and not working:
    - identifying patterns of problems/issues/barriers rather than calling on the council to tackle single-case issues;
    - listing and prioritizing the community's major resource issues/barriers so that council members can focus energies on really crucial problems;
    - describing what's going on within the case management system;
    - describing what's going on outside the system;
    - offering data supporting the above; and
    - illustrating aspects of the above with real-life, local examples.
- » Reports should clarify what's been done at lower levels to handle situations:
    - describing which levels within the system/organization each issue passed through enroute to coming to the attention of the council, and describing how each level dealt with the issue;
    - identifying where lower-level interventions succeeded;
    - identifying where lower-level interventions failed; and
    - analyzing reasons for successful or failed lower-level interventions.
- » Reports should seek governing council "sign-off" on lower- level interventions to communicate the importance among community institutions and their staffs of case managers' and case management directors' key roles in overcoming barriers to young people's success.

» Reports should generate recommendations from case managers and staff regarding possible options for council action which:

- are policy-oriented;
- offer, when possible, an array of council actions to be chosen from;
- recommend one or more action(s) from that array, when possible;
- include decisions about who is responsible for what and by when;
- generate projected impacts of these actions on the case management system; and
- consider the consequences of inaction.

CHAPTER 24
WHAT DOES MANAGEMENT NEED TO KNOW ABOUT CASE MANAGERS' SKILLS?

THIS CHAPTER WILL ENABLE THE READER TO:

» describe personal traits, skills, and qualifications helpful to a case manager; and

» describe the information a case manager must have in order to be effective in his/her community.

Case management is not a job for ill-prepared individuals. It should be provided by well-trained staff who are clear about the realities of their jobs.

WHAT ARE THE "IDEAL" QUALIFICATIONS OF A CASE MANAGER?

There is little empirical evidence supporting the idea that case managers require advanced degrees to be effective.

The "proper" qualifications for a case manager vary according to the context, and rarely conform to one particular discipline. For example:

» a study examining 140 case managers in six cities found that roughly a third had less than a college degree, 55% had completed four years of college, and 15% were master's level.

» Social work training was typical, but not required.

» Case managers serving elderly individuals in nursing homes or pregnant teenagers often had nursing background.

» Ex-gang members sometimes did case management with gangs.

» At times, parents served as case managers for developmentally disabled children. Several initiatives claimed that, given training, former case managed clients who'd "made it" made excellent case managers.

WHAT PERSONAL QUALITIES SHOULD A CASE MANAGER POSSESS?

Successful case managers like young people, and young people like them:

Case managers should enjoy and feel comfortable with their clients.

Case managers should not be individuals who worry about sitting down and "talking serious" with an adolescent. Case managers should not ask themselves, "What do I say to this kid?"

Many of the best case managers have formerly worked in nursing, coaching, street-work, or other situations where they gained plenty of experience developing rapport with young people.

Conversely, if an individual does not feel comfortable and confident with young people, no amount of training will enable him or her to be a good case manager.

Effective case managers exhibit disciplined empathy:

Effective case managers respect, care about, and can develop partnerships with young people.

They listen to what youths say, read between the lines, and size them up. They can work with a teenager to develop a service strategy, and can have the youth "buy-in" as if it were the youth's idea in the first place.

Good case managers demand accountability. They have a compassionate, but tough-minded understanding of the youths they work with -- an ability to develop an alliance, and to challenge and confront young people to meet their end of the bargain.

Case managers possess partnership skills:

Diplomatic sensitivity is a key trait of an effective case manager. Case managers negotiate with bureaucracies for services. To do so well requires adept social skills and an ability to read institutional cultures. Crossing jurisdictional lines entails a delicate balancing act -- doing business on someone else's turf. The case manager must be able to assert client interests while being creative and flexible.

Being indigenous to, or at least to have a working knowledge of the community is a major plus for a case manager. Being of the same racial or linguistic background as the majority of participants is also very desirable.

Case managers recognize personal and institutional barriers:

They need to adopt a philosophy that barriers to participant self-determination are both internal and external, and constantly interact. Interventions must aim at changing both the individual youth and his/her environment.

Case managers should exhibit entrepreneurial ingenuity:

Because resources are not always immediately accessible, effective case managers need to be able to fashion participant support networks from resources under others' control. They need to be able to mediate alliances among competing agencies, establish trust, and articulate mutual interests.

WHAT MIGHT BE OTHER PREREQUISITES FOR EFFECTIVE CASE MANAGEMENT?

Case managers must know what case management is:

The need for leaders to define "case management" is crucial. This definition should not be filed away. It must be communicated to case managers, and to others with whom they will interrelate.

Case managers must know what goals and objectives they are expected to fulfill:

A traditional job description which outlines duties only won't work. Case managers must grasp not only how their role affects young people, but also how it affects institutions. A solid job description will include the case manager's goals and outcome-oriented objectives -- both client-oriented and institutional.

Case managers must know what the extent of their authority over other institutions is:

Case managers have to be able to promise things. For example, they may need to guarantee a youth that a particular service will be available in a timely manner. When a case manager makes such a promise, and does not deliver, his/her relationship with a young person loses integrity and credibility. The case manager must know -- in advance of participant contact -- exactly what services and resources s/he has the ability to promise, when, and how.

Case managers must be prepared for resistance from young people:

Few case managers will be instantly accepted by a youth as a pal or knight in shining armor. The lack of excitement about case management among young people should surprise nobody. If at-risk youths share a common trait, it is that they are often distrustful of the motives and credibility of individuals who say, "I've come to help."

When a youth hears about case management, cynicism may come through full-force. The case manager must be ready for a stacked-deck. It should come as no surprise when a participant says, "I don't wanna be nobody's case!" Some youths may consider case management to be "one more human-service fad," and will expect it to result in the same failures as other approaches that preceded it. They may anticipate that it will raise their hopes, then dash them. It may sound like a more comprehensive version of institutional "business as usual"...a more ambitious variation of things they've seen before.

Other young people may feel that case management asks too much. It calls upon them to invest considerable trust, time, and effort working toward pie-in-the-sky goals. Few clients will jump at the chance to make the long-term commitments it requires.

Still others will recognize that the case management process involves taking a hard look at themselves and their futures. They won't want to endure this discomfort to access services that they may consider of dubious merit.

To overcome these negative notions, the case manager must work hard to develop rapport with young people, and to show how case management can actually negate many of these problems. To deliver on the true potential of case management, the case manager must be prepared to move away from traditional ways of doing things, and must deliver on promises.

Case managers must expect resistance from other professionals:

The appearance of case managers in a community's human service system is often threatening to other professionals, especially those whose jobs seem similar. For example, when case managers are centered in schools, it is common for guidance counselors to say, "But I was doing that. Now that the case managers are here, what is my role?" The same types of questions arise in community-based organizations, welfare departments, and other institutions, particularly those that employ "counselors."

Unless those who develop the case management system take time to clearly identify the case manager's role and delineate how it differs from other professionals' roles, there will be resistance among those who feel that parts of their jobs are being usurped.

Case managers must take the time to communicate with these other professionals, acknowledging that there may be some uncomfortable overlap at first, and offering to negotiate responsibilities so that harmony can be reached.

WHAT KINDS OF TRAINING DO CASE MANAGERS NEED?

It is rare for an organization to hire an ideal, ready-to-operate case manager. In fact, case managers shouldn't have a standard resume. Rather, good case managers are created. They enter the field with solid "raw material," but it is training that molds them into effective professionals. The key to their success will be heavy up-front training coupled with on-going staff development opportunities that:

- » relate directly to community goals, measurable objectives, and expected outcomes;
- » acquaint potential case managers with the multiple elements of good case management;
- » are tied to the specific functions case managers will be expected to carry out in their locality; and
- » convey the capacity to design - in partnership with participants and institutions - a strategy of predictable remediation and support.

Case managers must grasp the importance of family, group, community, and social policy as they consider schemes of intervention. They should understand the components of accountability -- good case records, and clear entries for intake, referral, service delivery, termination, and follow-up. They should be able to give examples of advocacy techniques. Finally, they must grasp how important interinstitutional partnerships are, understand the barriers that stand in the way of alliances, and possess tools to overcome these barriers.

WHAT ARE THE QUALITIES OF EFFECTIVE CASE MANAGEMENT SUPERVISORS?

Case managers really need good supervision.

First, they need a "boss" who sets clear and realistic goals for them, and who holds them accountable.

Equally important, they need an advocate who supports them and acknowledges their achievements.

An ideal case management supervisor is a seasoned professional who has been an effective case manager. S/he should be creative, entrepreneurial, and accountable to case managers and their clients. S/he should be powerful enough to support the case managers under his/her wing so that they can deliver the resources that the system claims they should.

Supportive supervision is particularly important because case managers have very tough jobs. They are asked to serve youths who have problems so difficult, and behaviors so erratic, that nobody could possibly figure out how to help them without regular input from others. In addition, case managers are called upon to deal with staff at many institutions, many of whom don't jump enthusiastically at the opportunity to help the case manager.

Yet, case managers are held accountable for what happens with their clients. And with this burden, case managers aren't always granted sufficient authority across institutions to do their jobs effectively. Many times, they also aren't asked what they think about how young people should be served or how systems should be developed. They need supervisory support.

If case managers are burdened with a bureaucratic supervisor who buys in to artificial barriers or traditional modes of operation, they will fail. Case management is client-centered. A supervisor who regularly quotes regulations, saying, "We can't do that because the system won't allow it" buys in to the very "institution-driven" model that has made case management necessary. In other words, an institution-driven supervisor will handcuff case managers and may even kill case management.

Instead, a case management supervisor, like the case managers themselves, must put youths needs above institutional needs. S/he must be an agent for change who has the authority, creativity, and "guts" to fight for fast decisions from community leaders, to open sticky doors, and to remove barriers. The supervisor must regularly ask, "How can we do what we need to do in the name of solid services for the young people in our community?"

It must be the primary goal of the case management supervisor to insure that case managers are given whatever they need to serve youths effectively. Case managers must know that if they run into a road-block to meeting their client's needs, their supervisor will work hard to remove it in a timely fashion.

What Should Case Manager Know About Outcomes Expected By The Community?

- Who will be the target population of the case management effort?
- What issues will be common among these clients? What will be the most common services they need?
- What is case management, as defined by the community?
- What are the "vision" and philosophies behind the community's initiative?
- How will clients "arrive at the case manager's door?"
- What are the goals and expected outcomes of the local case management initiative, given this target population?
- Where does the case manager fit in? How does his/her role relate to those of other human service workers?

What Should Case Managers Know About Their Community's Strategy?

- What institutions are involved in and committed to the case management system?
  - What resources will they contribute?
  - Who should case managers deal with at those institutions, and how can they be reached?
  - What else should case managers know about those institutions?
- What is the community's formal plan for case management?
  - What gets done now -- by the case managers and by others? (objectives and responsibilities)
  - At what "level of quality?" (specifications)
  - By when do tasks get done? (schedule)
  - Who is ultimately responsible for each aspect of the case management process? (chain of authority)
    - Is there a lead agency?
    - Whose employees are the case managers?
    - What authority do case managers have?

- » How will communication be handled?
  - Who gets told about problems with the system? How?
  - Will there be a process by which interorganizational problems get solved?
  - How will various reporting requirements and performance standards be handled?
  - How will decisions be made?
  - What meetings will be held
  - How often will meetings be held?
  - Which should case managers automatically attend?
  - Which are not mandatory, but helpful?
  - What should a case manager's role be during meetings?
  - What other communication vehicles will be used?

What Basic Techniques Should Case Managers Know?

» What techniques should the case manager use (i.e. listening, counseling, referrals, advocacy, etc.)?

» When should personal appointments be used? When are group sessions better? How does the case manager choose between the two? How do group skills differ from those used in personal appointments?

» How does a case manager structure a "case management intervention" -- Is there a standard process?

» What group skills should the case manager be fluent in?

» What are some techniques for developing rapport with a client?

» How and when does a case manager do "crisis intervention?"

» How does a case manager identify/prioritize client needs?

» How should a case manager interpret assessment information and make a diagnosis?

» How does the case manager assist the client to develop goals?

» How does a service strategy get developed?

» How can a case manager solicit client ownership of the strategy?

» What are good ways to implement the service strategy?

» How should the client's family be involved?

» How can effective referrals be made?

» How does a case manager follow-up on client progress?

» When should the service strategy be re-negotiated, and how?

» What should happen in a case conference?

» How can a case manager handle record keeping requirements?

CHAPTER 25
HOW MIGHT CASE MANAGEMENT BE EVALUATED?

Evaluation of case management can be difficult. Regardless of what discipline one looks at (mental health, social service, gerontology, medicine, employment & training, etc.), nobody seems to know how to evaluate case management in a clear-cut, objective way.

If we try to evaluate case management, we should look at its two levels:

» On one hand, we have the "client level" aspect of case management. Measures of success might ask, "How are young people benefitting from case management?"

» On the other hand, we have the "system level" aspect of case management. Measures might consider institutional support of case managers and institutional change.

Evaluation and management information systems should relate directly back not only to the goals and objectives set out in the community's operational plans, but also to each client's case plan.

Some generic questions might be:

» Have a group of agencies agreed about who will be case managed?
» Have these institutions concurred as to the service needs and characteristics common to this population?
» Have these institutions defined an overall, "umbrella" goal that this client population should achieve if the system works?
» Have these institutions agreed upon what case management is, what it ought to achieve, and what its "vision" is?
» Are institutions working together in new, creative ways that ultimately benefit young people?
» Is case management having an observable, measurable impact upon the young people it serves?
» Are young people achieving the "umbrella" goal in numbers significant enough to warrant the investment in case management?
» Are young people still falling through the cracks?

CLIENT-CENTERED BENCHMARKS:

If we buy the concept that client-centered benchmarks should drive the case management system, benchmarks will vary according to the specific goals of a local case management effort, and the personal goals set out in each client's plan.

We might start with two overriding questions:

» Are clients attaining the skills and outcomes that service providers say they need to be competent and to achieve the "umbrella goal" defined by the community?

» Are an acceptable number of clients attaining the umbrella goal?

Within these questions are a significant number of client-centered areas that might be looked at, all of which would best be compared to client behavior prior to the case management intervention:

» Are we assessing where clients are upon entry?

» Are clients developing realistic goals?

» Are clients identifying services and resources they need?

» Are clients developing satisfactory service strategies?

» Are clients securing timely enrollment in needed services?

» Are clients demonstrating satisfactory attendance in services?

» Are clients attaining skills defined in their service strategies?

» Are clients satisfactorily completing services defined in their strategies?

» Are clients completing all aspects of their service strategies?

» Are clients and case managers mutually agreeing to terminate the client/case manager relationship upon completion of their service strategies?

» Are clients satisfied?

INSTITUTIONAL COLLABORATION BENCHMARKS:

Like the client-centered benchmarks, there are some measures of collaboration among institutions that might be looked at:

- To what extent do institutional members of the collaborative group share information about their organizations, programs, and clients?
- How frequent is communication at all levels among institutions?
- To what extent do collaborative members share in planning and decision-making?
- To what extent have formal, written agreements been developed that govern institutional roles in the collaborative?
- To what extent have institutions contributed staff time and resources to the collaborative effort?
- In what ways and to what extent have resources been redirected through collaborative efforts?

BENCHMARKS FOR AN EFFECTIVE ASSESSMENT SYSTEM:

- To what extent do agencies share assessment information?
- What is the nature of that sharing: Is it simply a transfer of assessment forms to each other or a process of seeking common assessments?
- Which institutions have agreed to a collaborative assessment process and which have not?
- Among agencies who've not agreed to share, is it:
  - because there is not a large enough common caseload to justify a sharing agreement?
  - because of timing? -- negotiations have not begun or been completed on schedule?
  - because an institution has refused, or is stonewalling? ("It's confidential!")

» If an institution refuses to share assessment information, what is the strategy to bring this institution into a collaborative agreement?

» Which of the roles identified earlier is the case manager playing in the assessment process?

» How do the staff at other institutions view the collaboration (i.e. Are they complying because someone made a deal or because they find it helpful or both?)?

BENCHMARKS FOR AN EFFECTIVE PROCESS OF DEVELOPING SERVICE STRATEGIES:

» To what extent do clients' service strategies represent the plans of multiple institutions?

» To what extent were those strategies developed in a joint or multiple institution collaboration?

» To what extent were young people and their families actively involved in the development of service strategies?

» To what extent do participating institutions keep each other abreast of changes in service strategies?

» To what extent does a mechanism exist that captures the weaknesses in service strategies due to service unavailability, and to what extent is information available to and used by the governing council?

BENCHMARKS FOR AN EFFECTIVE LINKING SYSTEM:

» To what extent has linkage been achieved through formal interinstitutional agreements as opposed to ad-hoc brokering?

» To what extent is linkage a firm and specific commitment to coordinated service delivery, as opposed to the mere acceptance of a referral?

» To what extent do institutions receiving referrals commit not only to doing their specific part, but also to the larger case plan and its goals?

» To what extent has linkage placed burdens on service institutions (how much paper, how many meetings, etc.)?

» To what extent have case managers developed respectful, collegial relationships with the staff of other institutions, without compromising the advocacy role?

BENCHMARKS INDICATING EFFECTIVE FOLLOW UP:

» To what extent do other institutions expect and accept case management in a follow up role (Monitoring a service strategy's implementation cannot be effectively done if it is akin to espionage. It has to be an above-board process.)?

» What has been the impact of follow up? Does it result in service strategy changes? Is there a method by which the information gained through follow up is fed back and used?

» What are the feelings and thoughts of youth and their parents about progress? Is this information seen as critical in the follow up process?

» Are the results of follow up aggregated in a useful form for the governing council and other policy makers?

BENCHMARKS INDICATING EFFECTIVE ADVOCACY:

» Are case managers able to walk the thin lines between firm advocacy and alienating the agencies with which they work?

» Is advocacy performed in a planned, strategic way or is it reactive?

» Is advocacy implemented only on a youth-by-youth basis or do the issues raised in individual cases contribute to an agenda for policy changes?

» Is the advocacy role understood and accepted in the community at large?

The answers to some of these questions will not be easy to hear. Evaluation can be threatening if it is viewed as a necessary evil that will probably produce information damaging to the collaborative effort.

It is a waste of time if evaluation is viewed only as an exercise to be endured to meet the requirements of funding sources. Neither of these negative approaches need be true. Uncomfortable as evaluation may appear before it is undertaken, it can be handled in a constructive, valuable way.

Results of evaluation that are less than positive provide information helpful in improving the initiative and its management before real crises ever appear. To avoid the discomfort of a summary evaluation that says, "The entire effort is a flop," the evaluation process should start at the very beginning of the effort. The data it produces should be viewed regularly, and evaluators should strive to translate data into constructive recommendations. Decision-makers should implement steps that lead to rapid remediation of system defects.

In a similar manner, positive evaluation data serves as a vehicle for strengthening the initiative. Because it shows that institutions' efforts are paying off, it can be useful in soliciting continuing or additional support, involvement, and funding. It can sometimes move individuals or institutions that had been fence-sitting -- waiting to see whether the effort was safe enough to commit to.

To be useful, the evaluation system needs to combine on-going analysis of benefits to young people and to institutions. It should be kept simple, easy to understand, and free of jargon. It should be presented in a form that permits clear, corrective decisions.

*U.S. G.P.O.:1993-342-561:84443